NQTL: Provider Directory
Classification(s): Inpatient In Network, Outpatient Office In Network, Outpatient All-Other In Network, Emergency In Network, Pharmacy
Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding the NQTL and a description of all M/S or 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 Network Directories are applied 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 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. Additionally, Wellfleet Insurance Company utilizes Express Scripts INC (ESI) for management of the pharmacy network and pharmacy provider directories, as agreed upon in the vendor contract. Cigna's Provider Directory maintains a network of 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: o Provider Directories are searchable on website PPO: https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001 o OAP: https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001 o Wellfleet Rx/ESI Pharmacy Network: https://wellfleetrx.com/students/pharmacy-network/ 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." Plan documents are available at Wellfleetstudent.com.

Identify the M/S benefit classifications for which the NQTL applies:	***Identify the M/S benefit classifications for which the NQTL applies:***
Provider Network Directories are applied 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, for all in-network inpatient and outpatient benefit classifications and sub-classifications, as well as emergency and pharmacy classifications, and is incorporated into plans insured by Wellfleet.	Provider Network Directories are applied 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, for all in-network inpatient and outpatient benefit classifications and sub-classifications, as well as emergency and pharmacy classifications, and is incorporated into plans insured by Wellfleet.
Step 2 – Identify the factors used to determine that NQTL will apply to M/S or MH/SUD benefits	
M/S: **Factors** Network participation of a licensed health care provider, facility, or ancillary provider. 1. Onboarding (contracting) 2. Approval (credentialing) **Factors Considered but rejected (same for M/S and MH/SUD):** No other factors were considered and rejected. **Weight (same for M/S and MH/SUD):** There is no differentiation of weight between factors. There is no Artificial Intelligence application utilized for the NQTL. **Pharmacy:** 1. Provider Data 2. Data Management 3. Data Verification & Validation **Factors Considered but rejected (same for M/S and MH/SUD):** No other factors were considered and rejected. **Weight (same for M/S and MH/SUD):** There is no Artificial Intelligence application utilized for the NQTL. There is no differentiation of weight between factors.	**MH/SUD**: **Factors** Network participation of a licensed health care provider, facility, or ancillary provider. 1. Onboarding (contracting) 2. Approval (credentialing) **Factors Considered but rejected (same for M/S and MH/SUD):** No other factors were considered and rejected. **Weight (same for M/S and MH/SUD):** There is no Artificial Intelligence application utilized for the NQTL. **Pharmacy:** 1. Provider Data 2. Data Management 3. Data Verification & Validation **Factors Considered but rejected (same for M/S and MH/SUD):** No other factors were considered and rejected. **Weight (same for M/S and MH/SUD):** There is no Artificial Intelligence application utilized for the NQTL. There is no differentiation of weight between factors.
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 the NQTL to M/S or MH/SUD benefits. (The evidentiary standards are numerically defined to the factors noted above)	

Medical/Surgical:	**MH/SUD**:
1. Onboarding • **Source**: Onboarding (contracting): Executed Provider Agreement • **Evidentiary Standard**: Onboarding (contracting): Executed Provider Agreement, signed by both the provider and Cigna/Evernorth, representing their agreement to be bound by the terms and conditions of the contract. • **Source for Evidentiary Standard**: Onboarding (contracting): Executed Provider Agreement 2. Credentialing • **Source**: Approval (credentialing): CAQH or other approved application form • **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.) • **Source for Evidentiary Standard**: Approval (credentialing): Successful Credentialing Approval. Criteria will differ by type of Provider. Pharmacy 1. Provider Data • **Source**: In-network pharmacies are maintained within Express Scripts (ESI) Networks. The intake of pharmacy data includes Store name, address, phone number, provided services, etc. Pharmacy data is transmitted to Wellfleet at least quarterly for updates to our online directory. • **Evidentiary Standard**: In-network pharmacies are maintained within Express Scripts (ESI) Networks. The intake of pharmacy data includes Store name, address, phone number, provided services, etc. **100%** of this data must be received from the pharmacy in order to be included in the Network & Network Listing. • **Source for Evidentiary Standard:** Policy **CA_0012 Credentialing-Recredentialing Verification** 2. Data Management • **Source:** Data management is managed by Express Scripts per policy per **CA_0012 Credentialing-Recredentialing Verification**. Express Scripts re-credentials pharmacies every three years to renew their contracts and receive updates. If provider needs to make an update, they would submit a	1. Onboarding • **Source**: Onboarding (contracting): Executed Provider Agreement • **Evidentiary Standard**: Onboarding (contracting): Executed Provider Agreement, signed by both the provider and Cigna/Evernorth, representing their agreement to be bound by the terms and conditions of the contract. • **Source for Evidentiary Standard**: Onboarding (contracting): Executed Provider Agreement 2. Credentialing • **Source**: Approval (credentialing): CAQH or other approved application form • **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.) • **Source for Evidentiary Standard**: Approval (credentialing): Successful Credentialing Approval. Criteria will differ by type of Provider. Pharmacy 1. Provider Data • **Source**: In-network pharmacies are maintained within Express Scripts (ESI) Networks. The intake of pharmacy data includes Store name, address, phone number, provided services, etc. Pharmacy data is transmitted to Wellfleet at least quarterly for updates to our online directory. • **Evidentiary Standard**: In-network pharmacies are maintained within Express Scripts (ESI) Networks. The intake of pharmacy data includes Store name, address, phone number, provided services, etc. **100%** of this data must be received from the pharmacy in order to be included in the Network & Network Listing. • **Source for Evidentiary Standard:** Policy **CA_0012 Credentialing-Recredentialing Verification** 2. Data Management • **Source:** Data management is managed by Express Scripts per policy per **CA_0012 Credentialing-Recredentialing Verification**. Express Scripts re-credentials pharmacies every three years to renew their contracts and receive updates. If provider needs to make an update, they would submit a

demographic update through ESIPRovider.com. Chains would submit demographic updates through their Retail Account Manager (RAM) or directly to Network Implementation who would validate with RAM. • **Evidentiary Standard**: Data management is managed by Express Scripts per policy per **CA_0012 Credentialing-Recredentialing Verification**. Express Scripts re- credentials pharmacies **every three years** to renew their contracts and receive updates. If provider needs to make an update, they would submit a demographic update through ESIPRovider.com. Chains would submit demographic updates through their Retail Account Manager (RAM) or directly to Network Implementation who would validate with RAM. • **Source for Evidentiary Standard**: Policy **CA_0012 Credentialing-Recredentialing Verification** 3. Data Verification & Validation • **Source**: Notification to Wellfleet of inaccurate information on the Network Listing is forwarded directly to Express Scripts for review. ESI refreshes data and Wellfleet updates Network Listing. • **Evidentiary Standard:** Notice from provider via email or phone	demographic update through ESIPRovider.com. Chains would submit demographic updates through their Retail Account Manager (RAM) or directly to Network Implementation who would validate with RAM. • **Evidentiary Standard**: Data management is managed by Express Scripts per policy per **CA_0012 Credentialing-Recredentialing Verification**. Express Scripts re- credentials pharmacies **every three years** to renew their contracts and receive updates. If provider needs to make an update, they would submit a demographic update through ESIPRovider.com. Chains would submit demographic updates through their Retail Account Manager (RAM) or directly to Network Implementation who would validate with RAM. • **Source for Evidentiary Standard**: Policy **CA_0012 Credentialing-Recredentialing Verification** 3. Data Verification & Validation • **Source**: Notification to Wellfleet of inaccurate information on the Network Listing is forwarded directly to Express Scripts for review. ESI refreshes data and Wellfleet updates Network Listing. • **Evidentiary Standard:** Notice from provider via email or phone
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>	

For both its M/S and MH/SUD provider directories, Cigna/Evernorth have aligned policies to establish and monitor appropriate Provider Directory display, search and navigation. Alignment includes (1) identical factors for providers to meet prior to being displayed in directories (executed contracted, approved credentialing; (2) processes for maintaining and auditing data; (3) integrated M/S and MH/SUD Provider Directory for enrollee ease of use. Policies are reviewed on at least an annual basis to ensure compliance with parity and all state/federal regulations. Express Scripts provides the source data and ongoing management of the pharmacy network available to Wellfleet customers, as agreed upon in our vendor contract. There is no distinction within the Pharmacy Network Listing, online or print, between M/S and MH/SUD related prescriptions, nor are pharmacies generally classified as M/S or MH/SUD. The Wellfleet pharmacy information is housed with the Prescription Drug formulary, Prior Authorization listings, and other pertinent Prescription Drug information and serves as a convenient single point of access for its members.	For both its M/S and MH/SUD provider directories, Cigna/Evernorth have aligned policies to establish and monitor appropriate Provider Directory display, search and navigation. Alignment includes (1) identical factors for providers to meet prior to being displayed in directories (executed contracted, approved credentialing; (2) processes for maintaining and auditing data; (3) integrated M/S and MH/SUD Provider Directory for enrollee ease of use. Policies are reviewed on at least an annual basis to ensure compliance with parity and all state/federal regulations. Express Scripts provides the source data and ongoing management of the pharmacy network available to Wellfleet customers, as agreed upon in our vendor contract. There is no distinction within the Pharmacy Network Listing, online or print, between M/S and MH/SUD related prescriptions, nor are pharmacies generally classified as M/S or MH/SUD. The Wellfleet pharmacy information is housed with the Prescription Drug formulary, Prior Authorization listings, and other pertinent Prescription Drug information and serves as a convenient single point of access for its members.
Step 4(b): Identify and define the factors and processes that are used to monitor and evaluate the application of the NQTL for M/S benefits and MHSUD benefits, <u>in operation</u>:	

Results of directory outreach/audit are reviewed together. Where appropriate, corrective actions are aligned to ensure parity between M/S and MH/SUD results and action plans. MH/SUD and M/S are evaluated on a similar cadence (every 90 days) and using similar mechanisms for validation. MH/SUD data is further evaluated for accuracy via a direct outreach to MH/SUD providers to validate with them directly, all of their demographic data elements displayed in the Provider Directory. For both MH/SUD and M/S providers, they are subject to suppression from the directory if they are non-responsive to all outreach/validate attempts made in a calendar year. Cigna maintains a robust MH/SUD and M/S network of in person and virtual providers, which are similarly displayed and searchable in a single, combined Provider Directory for enrollee use. Processes to bring a MH/SUD and M/S provider into the network, and available for Provider Directory display are aligned both in writing and operation. Provider data accuracy monitoring is conducted on an ongoing basis and opportunities for improvement or efficiencies in the process are regularly sought out. For example, M/S Provider Directory data is currently able to be verified via First Level (external sources, automated logic). MH/SUD data is currently being piloted through a similar process to determine if this is a successful form of data validation for MH/SUD providers as well. If successful, this could further improve MH/SUD data accuracy while lessening the burden on providers of validating their data every 90 days and improving data update turnaround times. Wellfleet/ESI pharmacy information displays on the Network Listing without distinguishing between M/S and MH/SUD. Pharmacies are never designated as 'MH/SUD' or 'M/S' only. Therefore, the factors and processes that are used to monitor and evaluate the application of the NQTL for M/S and MH/SUD benefits are comparable in operation.	Results of directory outreach/audit are reviewed together. Where appropriate, corrective actions are aligned to ensure parity between M/S and MH/SUD results and action plans. MH/SUD and M/S are evaluated on a similar cadence (every 90 days) and using similar mechanisms for validation. MH/SUD data is further evaluated for accuracy via a direct outreach to MH/SUD providers to validate with them directly, all of their demographic data elements displayed in the Provider Directory. For both MH/SUD and M/S providers, they are subject to suppression from the directory if they are non-responsive to all outreach/validate attempts made in a calendar year. Cigna maintains a robust MH/SUD and M/S network of in person and virtual providers, which are similarly displayed and searchable in a single, combined Provider Directory for enrollee use. Processes to bring a MH/SUD and M/S provider into the network, and available for Provider Directory display are aligned both in writing and operation. Provider data accuracy monitoring is conducted on an ongoing basis and opportunities for improvement or efficiencies in the process are regularly sought out. For example, M/S Provider Directory data is currently able to be verified via First Level (external sources, automated logic). MH/SUD data is currently being piloted through a similar process to determine if this is a successful form of data validation for MH/SUD providers as well. If successful, this could further improve MH/SUD data accuracy while lessening the burden on providers of validating their data every 90 days and improving data update turnaround times. Wellfleet/ESI pharmacy information displays on the Network Listing without distinguishing between M/S and MH/SUD. Pharmacies are never designated as 'MH/SUD' or 'M/S' only. Therefore, the factors and processes that are used to monitor and evaluate the application of the NQTL for M/S and MH/SUD benefits are comparable in operation.
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	

Cigna maintains a robust MH/SUD and M/S network of in person and virtual providers, which are similarly displayed and searchable in a single, combined Provider Directory for enrollee use. For both its M/S and MH/SUD provider directories, Cigna/Evernorth have aligned policies to establish and monitor appropriate Provider Directory display, search and navigation. Moreover, results of directory outreach/audit are reviewed together, and where appropriate, corrective actions are aligned to ensure parity between M/S and MH/SUD results and action plans. Thus, Wellfleet concludes that the factors, sources, and evidentiary standards utilized to support the provider network listing are applied in a comparable manner and no more stringently for MHSUD as compared to M/S, as written and in operation.

In addition, there is no distinction within the Pharmacy Network Listing, online or print, between M/S and MH/SUD related prescriptions, nor are pharmacies generally classified as M/S or MH/SUD. Thus, the factors, sources, and evidentiary standards utilized to support the pharmacy network listing are applied in a comparable manner and no more stringently for MHSUD as compared to M/S, as written and in operation.