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June 28, 2024

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

Re: Wellfleet Insurance Company (“Wellfleet”)  
2023 Network Adequacy PPO Access Plan  
2023 Network Adequacy OAP Access Plan  
(Collectively, “the Wellfleet 2023 Access Plans”)

Dear Ms. Beebe:

The Maryland Insurance Administration (“Administration”) has completed its review of the Wellfleet Insurance Company 2023 Network Adequacy Access Plans filed on September 29, 2023, supplemented with additional information and documentation on January 22, 2024, March 4, 2024, April 22, 2024, June 10, 2024, and June 21, 2024. These filings were 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 to colleges and universities and contracts for network provider services through Cigna Health and Life Insurance Company (CHLIC)’s Preferred Provider Organization (PPO) and Open Access Plus (OAP) plan provider networks. Separate network adequacy access plans were filed for each of these provider networks.

The Administration’s review of the Wellfleet 2023 Access Plans has found that the access standards in COMAR 31.10.44.05 and .06 were not met for the following, based on the data self-reported by Wellfleet. All other access standards in COMAR 31.10.44 were met.

### Travel Distance Standards

In addition to the specific provider and facility types listed in the chart in COMAR 31.10.44.04A(5), Wellfleet reported separate travel distance metrics for 11 additional provider types, which, in previous reporting years, had been reported together under the categories “All Other licensed or certified providers under contract with a carrier not listed” and “All other licensed or certified facilities under contract with a carrier not listed.” Due to the wide variation of “All other...” provider types reported by different carriers, the Administration has provided additional guidance to carriers for the 2024 access plans to ensure greater uniformity in reporting across carriers. For the Wellfleet 2023 PPO Access Plan, of the 11 additional provider types that were listed together in previous years under “All Other...” categories, Wellfleet reported a deficiency for two of them in at least one zip code. For the Wellfleet 2023 OAP Access Plan, the Administration’s review has found that the Wellfleet 2023 OAP Access Plan has met the travel distance standards in COMAR 31.10.44.05, based on the data self-reported by Wellfleet.

### Travel Distance Waivers

Wellfleet provided the information required by COMAR 31.10.44.09A for each unmet travel distance standard described above. The Administration has considered the information provided by Wellfleet, and has found good cause to grant a waiver of the applicable travel distance standards for the Wellfleet 2023 PPO Access Plan. The Administration determined that Wellfleet provided sufficient information with respect to the provider and facility types outside of the regulatory travel distance standard to demonstrate that providers necessary to meet the travel distance standard were not available to contract with the carrier. The information provided by Wellfleet included:

- Descriptions of efforts to locate any additional practicing providers within the required distance standard for each deficient service type and zip code using external sources such as the public provider directories of other carriers, state-issued provider listings, and online searches;
- Declarations that the efforts to locate additional providers revealed that Wellfleet is already contracted with the nearest practicing provider for the deficient provider types and zip codes listed above, and that there are no other providers currently available within standard.

The waivers of the travel distance standard for the providers and facilities listed above apply only to the access plan filings submitted in 2023.

### Essential Community Provider Standards

The data self-reported by Wellfleet for its network provider services through CHLIC’s PPO and OAP plan provider networks showed that the essential community provider (ECP) inclusion standard of 30% for each category of Medical, Mental Health, and Substance Use Disorder services in each urban, suburban, and rural geographic area was not met.

<b>ECP Service Type</b>	<b>Standard</b>	<b>Urban Compliance Percentage</b>	<b>Suburban Compliance Percentage</b>	<b>Rural Compliance Percentage</b>
Medical Services	30%	2.8%	.3%	3.2%
Mental Health Services	30%	5.9%	1.4%	3.2%
Substance Use Disorder Services	30%	.8%	.7%	1.2%

Wellfleet provided the information required by COMAR 31.10.44.09A for each unmet ECP inclusion standard described above. The Administration has considered the information provided by Wellfleet, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, Wellfleet provided information demonstrating that the failure to meet the ECP inclusion standard for 2023, after Wellfleet consistently reported exceeding the ECP standard in prior reporting years, was due to the regulatory changes to the definitions and methodologies for calculating the revised standard under the new network adequacy regulations. The extreme drop in the reported compliance percentages was not caused by a proportional loss of previously contracted ECPs.

The Administration advised carriers in Bulletin 23-8 that the Administration would take into consideration the fact that the reports were required to be filed shortly after the effective date of the revised regulations in determining deficiencies and the regulatory response to such deficiencies. Consequently, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the ECP inclusion standard for the Wellfleet 2023 Access Plans. Based on the information provided by Wellfleet, the Administration determined there was insufficient time between the finalization of the revised regulations and the due date of the 2023 access plan filings for Wellfleet to identify, recruit, credential, and contract with a sufficient number of ECPs necessary to meet the inclusion standard under the revised methodology. Wellfleet provided a description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations. This included Wellfleet's descriptions of unsuccessful efforts to contact and recruit 49 additional providers from the MHBE ECP listing, including the dates and the reasons each was unsuccessful, to support Wellfleet's contention that many providers on the MHBE list were non-responsive, or did not contract with insurance companies. Wellfleet also provided information about a large ECP recruitment campaign that began in the 4<sup>th</sup> quarter of 2023.

While the Administration determined that a penalty for failure to meet the ECP inclusion standard was not warranted for 2023, the Administration expects Wellfleet's 2024 access plan to demonstrate significant improvement in compliance with the standard. The Administration has provided additional guidance to all carriers for the 2024 filing year to standardize the regional

classifications and to standardize the inclusion criteria of available ECPs. Wellfleet must demonstrate that it has made specific efforts to expand the number of ECPs in its networks and has reviewed its methodology to ensure that all contracted ECPs are included in its calculations.

### Appointment Waiting Time Standards

The data self-reported by Wellfleet disclosed that the percentage of available in-person appointments meeting the regulatory standard in the following service types was less than 90%:

<b>Appointment / Service Type</b>	<b>Standard</b>	<b>Percentage of Standard Met</b>
Urgent care for medical services	72 hours	86%
Outpatient urgent care for mental health services	72 hours	60%
Outpatient urgent care for substance use disorder services	72 hours	63%
Non-urgent mental health care	10 calendar days	78%
Non-urgent substance use disorder care	10 calendar days	80%

For the other appointment waiting time categories of Inpatient Urgent Care for Mental Health Services, Inpatient Urgent Care for Substance Use Disorder Services, Routine Primary Care, Preventative Visit Care/Well Visit and Non-urgent Specialty Care, Wellfleet reports meeting the required 90% standard based on provider survey results. Supporting documentation, including provider survey results, were included in the 2023 Wellfleet access plans to validate the reported values.

Wellfleet provided the information required by COMAR 31.10.44.09A for each unmet appointment waiting time standard described above. The Administration has considered the information provided by Wellfleet, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, Wellfleet provided information demonstrating that the failure to meet the applicable waiting time standards was due to the regulatory changes in the methodology for measuring appointment waiting time, and insufficient time to address previously unidentified deficiencies for new categories of appointments. In accordance with Bulletin 23-8, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the appointment waiting time deficiencies for 2023 for the following reasons:

- Wellfleet provided a description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations.

- The information submitted by Wellfleet in accordance with COMAR 31.10.44.09A, while not sufficient to justify a waiver of the standards, did indicate that an insufficient number of providers willing to contract with Wellfleet contributed partly to the failure to meet the standards, and Wellfleet included a description of its efforts to locate additional in-person medical providers and mental health and substance use disorder providers using external sources such as the public provider directories of other carriers and Maryland's Active Providers Directory, and included listings of identified recruitment targets and the status of negotiations with additional providers.

This determination letter is limited to review of the Wellfleet 2023 OAP Access Plan and the Wellfleet 2023 PPO Access Plan and is independent of the Administration's review of any other Network Adequacy Access Plans and submissions in connection thereof that are filed by Wellfleet. The enforcement discretion exercised for 2023 does not extend to access plan filings submitted for 2024, and the Administration expects to see significant improvement in compliance levels for the 2024 plans.

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,

*Pam O'Brien*

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Network Adequacy Analyst III  
Mental Health Parity and Network Adequacy  
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