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August 15, 2022

Associate Commissioner David Cooney  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, Maryland 21202  
Email: [networkadequacy.mia@maryland.gov](mailto:networkadequacy.mia@maryland.gov)

Re: Proposed Network Adequacy Regulations under COMAR 31.10.44

Dear Associate Commissioner Cooney,

On behalf of AHIP and its members, thank you for the opportunity to offer comments in response to the proposed revisions of the network adequacy regulations under COMAR 31.10.44. AHIP appreciates the comments the Maryland Insurance Administration (MIA) has already taken into consideration, however, there are questions and concerns we would like to raise prior to the MIA finalizing these standards.

As health carriers continue to explore and implement strategies designed to improve efficiency, clinical effectiveness, and value-based healthcare initiatives, AHIP and its members understand the importance of establishing a provider network which reflects that value. It is important for network adequacy requirements to ensure beneficiaries have access to a wide array of physicians and hospitals while also remaining accountable to maintain a network that is sufficient in number and types of providers.

Furthermore, while understanding the importance of network adequacy requirements, we believe the proposed standards may push the industry further away from advancement in improving costs and place complexities and confusion on fulfilling the new compliance requirements.

Network adequacy and provider contracting standards should be flexible and not overly prescriptive and rigid. With less flexibility in contracting standards and presenting limiting language it threatens plans' efforts to provide innovative ways of delivering and paying for high-quality affordable care. We offer the following general remarks below:

#### **CHANGES REQUESTED**

- *.05 Travel Distance Standards:* We have concerns regarding the mention of a “physician certified in addiction medicine” in the provider type chart for travel distance standards. This term is not widely utilized and signifies quality care can only be provided by a physician certified specifically in addiction medicine when referencing substance abuse patients, which is not the case. This term should be removed.
- *.04 Filing and Content of Access Plans:* The regulations in C(3) are related to the collection of out-of-network data, in particular “on call physicians”. This terminology is not utilized and would cause confusion with any reporting requirements. Similarly, the requirement to report on out-network provider charges does not assist in illustrating adequate networks. The section should be eliminated.
- *.06 Appointment Waiting Time Standards (Survey):* We are concerned about the standards proposed regarding wait times. While we believe implementing a wait time credit likely could

provide some benefit to reducing wait times for enrollees, the requirement of surveying providers and enrollees twice a year is extremely expensive. Requiring such surveys to be conducted would also be reliant on the willingness of providers and enrollees to take part in the surveys. We are concerned about the rationality and reliability of retrieving this information. While we have seen California enact a similar requirement, we have not seen results in the very expensive survey (up to a million dollars) in improving access. We would recommend requesting further feedback from the California Department of Insurance and reconsidering its inclusion.

- **Provider Specialist Charts:** The various time and distance charts refer to multiple provider specialties, with several of them treating the same issue. For instance, if a consumer is seeking assistance with a behavioral health issue, they would look for a counselor, therapist or psychologist and therefore allowing the combination of providers treating the same condition to meet network requirements should be considered.

#### REQUESTING ADDITIONAL GUIDANCE

- **.08 Telehealth:** We believe the proposed telehealth language and the 10% telehealth mileage credit is a positive step for enrollees and carriers alike. As written, the telehealth language provides enrollees with the option to choose between the use of telehealth and in-person appointments, without creating too much competition. We ask the MIA to provide additional guidance on what the language is intended to mean and maintain the ability to count our telehealth providers as part of our network adequacy requirements.

We also ask the MIA to consider removing the requirement of health plans to arrange for telehealth services to be provided on a 24/7 basis (section D.1 (b) iii), as all plans do not have the administrative and financial capacity to maintain an around the clock telehealth service for enrollees and will lead to unnecessary costs for consumers as emergency services are always available.

#### RECOMMENDATIONS

Health carriers continue to take a leadership role in addressing the gaps in provider networks and in quality of care. AHIP and our members hope the MIA will consider the following suggestions:

- **Improving Filing/Compliance:** We encourage the MIA to hold an annual offline meeting with health insurance providers to discuss high-level trends that are being seen in the network adequacy space. This meeting can allow industry representatives to have a meeting where they can receive feedback on items the MIA is seeing during the annual filings and what carriers should be working on improving.
- **Improving Wait Times:** The MIA should consider a path that would require providers to post their wait times on their websites. This can ensure providers are also being held accountable for ongoing changes to their wait times for patients.
- **Timeframe:** Should the MIA move forward with the requirements above, burdensome requests, such as enrollee and provider surveys take considerable time to develop, operationalize and receive feedback, and would request any significant data request to be initiated for PY2024.

We appreciate the opportunity to provide insight related to the adverse impact the proposed network adequacy revisions will have on Maryland residents. Please let me know if you have any questions or concerns related to network adequacy or our comments at [khathaway@ahip.org](mailto:khathaway@ahip.org) or (202) 870-468. Thank you for your time and attention on this critical issue.

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Sincerely,

A handwritten signature in black ink that reads "Kris Hathaway". The signature is written in a cursive style with a large, looped initial "K".

Kris Hathaway  
Vice President, State Affairs  
America's Health Insurance Plans

**America's Health Insurance** (AHIP) is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit [www.ahip.org](http://www.ahip.org) to learn how working together, we are Guiding Greater Health.