



Mid-Atlantic Permanente Medical Group, P.C.  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

December 1, 2016

Al Redmer, Jr.  
Commissioner  
Maryland Insurance Administration  
200 St. Paul Pl., Ste. 2700  
Baltimore, MD 21202

*Submitted via email to:* Lisa.Larson@maryland.gov

Re: Kaiser Permanente Comments on Topics for December 1, 2016 Public Hearing on  
Regulations to Implement HB 1318/SB 929

Dear Commissioner Redmer:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (“Kaiser”) appreciates the opportunity to provide comments regarding the Maryland Insurance Administration’s (MIA) adoption of regulations to implement HB 1318/SB 929, concerning health insurance network access standards and provider network directories.

Kaiser provides coverage and delivers or arranges for the delivery of integrated health care services for over 670,000 members at more than 30 medical office buildings in Maryland, Virginia and the District of Columbia. Kaiser is a health maintenance organization (HMO) comprised of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; the Mid-Atlantic Permanente Medical Group, P.C., an independent medical group that is comprised of approximately 1,400 physicians in primary and specialty care who provide or arrange for the delivery of treatment to patients throughout the area; and Kaiser Foundation Hospitals, contracting with hospital providers that furnish inpatient and other hospital-based treatment to our members.

HB 1318/SB 929 provides that carriers shall file an access plan and directs the MIA to “deny inspection of the parts of the access plan...that contain confidential commercial information or confidential financial information” (§15-112(c)(2)-(3)). The MIA has requested comments on this provision of the law for the December 1, 2016 hearing.

**Kaiser Permanente believes that carriers’ full access plans should be treated as confidential commercial and financial information. We, therefore, request that the MIA provide in the regulations implementing HB 1318/SB 929 that carriers’ access plans will be held confidential in their entirety.**

As described below, the public availability of carriers’ access plans is not appropriate given the technical and confidential nature of the information to be provided in the plans. It’s not necessary to make this information public given the MIA’s review and role as regulator, and it’s not consistent with the policy of the Maryland Health Benefit Exchange (MHBE).

A substantial portion of the information that will be submitted to the MIA in carriers' access plans is sensitive, and often technical, business and operational information. The public release of trade secrets or commercial or financial information that is confidential could be competitively damaging, as well as confusing for consumers. Each carrier has its own approach to developing, monitoring and maintaining a sufficient provider network, with the goal of offering health plan products that are high-quality, affordable and accessible to members. Making such information public could lead to competitive harm among carriers, which could diminish our collective ability to deliver on these important goals of quality, access and affordability. We believe it could also lead to confusion among consumers, as access plans often contain highly technical information that cannot be easily compared across carriers.

The public availability of carriers' access plans is also not necessary. Pursuant to HB 1318/SB 929, the MIA is developing standards and metrics for measuring network adequacy, which carriers will be expected to report on and adhere to. We share the goals of HB 1318/SB 929 to ensure that health plan members and patients have appropriate access to care and accurate information about their network providers. The MIA as regulator has the role of ensuring that carriers are providing such appropriate access to care for their enrollees, which it will do through its review of the access plans and carriers' performance on the selected standards and metrics. Therefore, we do not believe it is necessary for individuals or groups outside of MIA to have access to the information in carriers' access plans.

Finally, MHBE policy has maintained confidentiality of carriers' access plans. MHBE acknowledges in its Letter to Issuers that access plans should not be released publicly and that their purpose is to allow MHBE to assess carriers' performance with respect to network adequacy and provider accessibility. We believe the access plans that carriers will submit to the MIA are intended to serve the same purpose and that the MIA should take the same position on confidentiality as the MHBE.

For these reasons, we ask that the MIA specify in its regulations implementing HB 1318/SB 929 that carriers' access plans will be held confidential.

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Kaiser appreciates the MIA's consideration of these comments. Please feel free to contact me at [Laurie.Kuiper@KP.org](mailto:Laurie.Kuiper@KP.org) or 301.816.6480 if you have any questions or if we may provide additional information.

Sincerely,

Laurie G. Kuiper  
Senior Director, Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.