

August 16, 2017

Lisa Larson  
Assistant Director of Regulatory Affairs  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202

Submitted by email to: [Networkadequacy.mia@maryland.gov](mailto:Networkadequacy.mia@maryland.gov)

**RE: Proposed Regulations – 31.10.44 Network Adequacy**

Dear Ms. Larson:

MedChi appreciates the opportunity to comment on the proposed regulations regarding network adequacy standards. MIA's thorough and deliberative approach to the development of these regulations, including extensive stakeholder involvement, is to be applauded. The development of quantitative access standards and greater carrier transparency and accountability will help to enhance patient care and health outcomes through increased access to in-network providers.

Having previously commented on the informal draft regulations, MedChi notes that its comments regarding the definition of telemedicine and the waiting time for urgent care have been addressed in the proposed regulations. As reflected in our previous comments, MedChi continues to support the requirements for inclusion of essential community providers and the recognition of telehealth services in the framework of quantitative measures. MedChi also continues to support the MIA's consideration of the differences in how Group Model HMOs provide access to care, including the provision of appropriate modified standards to reflect those differences.

Despite its overall support for the regulatory structure reflected in the proposed regulations, MedChi is concerned with certain changes to the regulations as noted below.

**Geographic Area Designations and Distance Standards:**

The informal draft regulations utilized the Medicare Advantage geographical areas and distance standards. It appears that the proposed regulations utilize a state defined geographical designation. MedChi is concerned that there is inadequate definition associated with the proposed geographical designations. The Medicare Advantage framework is not only well-defined but already utilized by carriers and therefore easier for providers, carriers, consumers and regulators to evaluate compliance. MedChi would urge that the Medicare Advantage Plan framework be reinstated. Alternatively, the regulations should provide more explicit definition of the "regions" utilized in the proposed regulations.

MedChi would also note that the proposed list of providers reflected in the distance requirement charts have failed to include certain physician specialties and other provider types which were originally included. The physician specialties missing from the original list include cardiothoracic surgery, neurological surgery, and orthopedic surgery. While there is a category "Other Provider Not Listed" MedChi would request the proposed regulations include in the charts all physician specialties reflected in the original chart.

Waiver Request Standards:

MedChi does not oppose the availability of a network adequacy waiver but is concerned that there is no limit or barrier to sequential granting of annual waivers. MedChi urges the MIA to include a limit on the number of waivers a carrier may receive. Of greater concern to the physician community is the deletion of the provision included in the draft regulations that required a carrier when seeking a waiver request to provide a copy of its request form to any provider named in the request (§.07.C(2) of the Draft Regulations). The notification requirement would have provided a reasonable check on the carrier's representations and enabled the providers identified to raise concerns about the carrier's contracting efforts. While its deletion is presumable related to confidentiality concerns raised by the carriers, MedChi strongly urges the MIA to include in the regulations a modified notification requirement that recognizes those concerns yet still ensure the provider community is aware of and able to respond to assertions that failed contract negotiations are basis for a waiver request.

Finally, MedChi would note that it is aware that comments on these regulations have been submitted by the national Coalition of Hospital Based Physicians and request that the MIA consider the issues raised in their letter.

MedChi would again like to express its appreciation for the opportunity to work with the MIA in developing these regulations and hope you will consider these comments as you finalize the proposed regulations. Please feel free to contact me should you have any question regarding our comments or suggested modifications.

Sincerely,



Gene M. Ransom, III  
Chief Executive Officer