



## MARYLAND PODIATRIC MEDICAL ASSOCIATION

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Marie Grant, Commissioner  
Mary Kwei, Associate Commissioner  
Via email: mary.kwei@maryland.gov

Re: Health Insurance Advisory Board

Dear Commissioner Grant and Associate Commissioner Kwei:

The Maryland Podiatric Medical Association (MPMA), representing over 240 podiatrists licensed in Maryland and the practice of podiatry, supports the establishment of the Health Insurance Advisory Board (Board). The establishment of this Board will increase transparency and ensure prompt and appropriate compliance from insurance companies. We also believe that the Board will recommend or implement reasonable and necessary processes to facilitate greater access to care and prompt payment for providers and patients.

MPMA respectfully provides the following comments on the questions posed by MIA:

- 1. What are health insurance industry trends that could or should be examined through the creation of an advisory board?**
  - a. Examine the history of denials of coverage and access to care, as well as the lack of patient relations specialists.
  - b. Evaluate the use of artificial intelligence in claim denials and appeals processes.
  - c. Investigate the lack of Provider Relations Specialists, who assist providers with various issues (i.e., Claim services, Credentialing)
  - d. Evaluate delays in insurance appeals and provider credentialing.
  - e. Assess providers' reimbursement rates in other states and measure improvements.
- 2. What specific goals should the board have? How often should these goals be evaluated and by whom?**
  - a. Decrease insurance carrier's authority and increase collaboration between providers and insurance carrier, leading to more efficient and provider friendly processes.
  - b. Reduce denials and eliminate duplicative denials (particularly those overturned on appeal), and duplicative requests for data from providers.
  - c. Evaluate these issues listed at a and b semi-annually.
- 3. What benchmarks can we create to monitor progress by the board and measure its effects on intended goals?**

- a. Establish reasonable timeframes for deciding claims and issuing payments (decreasing timeframe for Clean Claims).
  - b. Establish reasonable timeframe for appeals hearings and adjudications.
  - c. Establish reasonable time frames for provider credentialing.
- 4. How can representatives on the board be selected to ensure diverse perspectives that accurately reflect the healthcare ecosystem?**
  - a. Membership should be designated based on interested entities/organizations representing the public, the providers, and the insurers.
  - b. The Board should not include registered lobbyists.
  - c. The Board should allow members to designate a representative/proxy to attend meetings when they cannot attend.
- 5. What is the ideal size of an advisory board to ensure productivity while still ensuring that diverse representation by key stakeholders?**
  - a. We recommend the Board consist of 12-15 members and have subcommittees under each identified matter/priority to increase outreach efforts to various stakeholders.
- 6. Is a quarterly meeting frequency appropriate and feasible to accomplish our goals?**
  - a. The Board should hold quarterly or bi-monthly meetings.
- 7. How often should membership of the board rotate?**
  - a. The Board should allow members a 3-year term limit.
- 8. How can we sustainably support the advisory board to indefinitely address ongoing issues?**
  - a. The Board should be adequately funded to accomplish its mission.
- 9. How can we utilize the input from the advisory board in the MIA's regulatory practices?**
  - a. The Board should have the authority to recommend and potentially initiate regulations and legislation.
- 10. What methods can be utilized to encourage payer transparency?**
  - a. The Board should consider and establish penalties for insurance companies' failure to adhere to requirements, including payment to providers for inappropriate/repetitive denials and/or delays.
- 11. What methods of public engagement currently utilized by the MIA have been most effective and why? Could these current methods be used for the purposes of the board here? If not, why not?**
  - a. The Board should increase public awareness, outreach, and education.
- 12. How can we encourage public engagement with the board and its actions?**

- a. The Board should publicize the Board's actions and encourage public input.
- b. The Board should consider a consumer representative(s) on the board or subgroups to advocate for the patient/community.

**13. How can the board best incorporate public interest and feedback?**

- a. The board should involve consumer groups and advocates on the Board or its subgroups.

MPMA appreciates the opportunity to submit its comments and looks forward to working with the Board. Should you have any questions, please feel free to contact Richard Bloch, MPMA Executive Director, at [Richard@sbhpa.com](mailto:Richard@sbhpa.com).

Yours truly,

Priya Parthasarathy, D.P.M.  
President