



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

October 6, 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 October 6, 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 directs the MIA to adopt regulations to establish quantitative and, if appropriate, non-quantitative criteria to evaluate the network sufficiency of health benefit plans offered by certain carriers that use provider panels. The law provides a list of factors the MIA may take into consideration in adopting the regulations, including “the ability of the network to meet the needs of enrollees, which may include: low-income individuals; adults and children with serious, chronic, or complex health conditions, or physical or mental disabilities; and individuals with limited English proficiency or illiteracy” (§15-112(D)(2)(VII)), which are the focus of the October 6, 2016 public hearing.

Addressing Health Disparities Including Low Socioeconomic Status and Limited English Proficiency

Kaiser Permanente believes that all health plan enrollees should have appropriate and timely access to high-quality, affordable care. We are committed to providing the best care and service

for all, to eliminate disparities and create equity in our communities. While it is important that health plans have sufficiency in numbers and types of network providers to meet their members' clinical needs, it is also important to ensure accessibility to appropriate care for members with different backgrounds, including members who do not speak English or prefer to speak another language, lower-income members, and members with varying cultural beliefs and health practices.

Research has demonstrated that when care and patient communication is provided in culturally and linguistically competent ways, the patient-provider relationship is improved, and health care quality and outcomes improve. Kaiser Permanente's efforts lead the way in providing equitable care regardless of race, ethnicity, linguistic preference, national origin, gender, socioeconomic status, disability status or sexual orientation/identity. The principles that guide us reflect our history and legacy of organizational leadership in diversity, health care equity, and civil rights.

To deliver on our vision of eliminating disparities in health and health care, Kaiser's integrated delivery system has developed and uses a number of data-driven resources. We have been working to identify our members (on a voluntary basis) based on demographic characteristics such as their race/ethnicity and preferred language, which allows us to review, stratify and benchmark health outcomes for different groups and target resources appropriately. Our Center for Healthcare Analytics produces a quarterly Equitable Care Health Outcomes (ECHO) report that stratifies HEDIS effectiveness of care measures by race/ethnicity so that we can see differences in, for instance, blood pressure control between self-identified White and African American members or colorectal cancer screening between Hispanic/Latino and White members. We also maintain a dashboard to measure performance on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care – the CLAS Standards – focused on the communication and language assistance standards (CLAS Standards 5, 6, 7 and 8).

The ongoing collection and analysis of these and other data elements allows us to increase focus and resources for certain conditions, populations and locations, and provide more culturally and linguistically appropriate care. For example, the data may show that for an increasing percentage of members visiting a particular Kaiser Permanente medical center, Spanish is their language of preference or preferred language. This information informs efforts regarding hiring bilingual clinical and administrative staff with Spanish proficiency, which aids in effectively communicating care information to members, resulting in improved patient satisfaction, better compliance and improved health outcomes at the member and population level.

Additionally, affordability of high quality health care is a critical issue today, even as millions more people across the country have access to health insurance through the federal and state Marketplaces and the expansion of Medicaid. Among other challenges, low-income individuals may still struggle to find a provider who accepts Medicaid or may have difficulty reaching care locations due to reliance on public transportation. Kaiser Permanente strategically places our care facilities on major public transit lines, and we co-locate clinical, pharmacy and ancillary services so that members may handle multiple care needs in a single visit. In addition, Kaiser Permanente providers see patients from all sources of coverage (e.g. large group commercial, Medicare, Medicaid), and members with different sources of coverage have access to the same

provider network. These characteristics of our integrated system help ensure equitable access to high quality care for all our members.

We recommend that the MIA take into account health plans' efforts to reduce and eliminate disparities in health and health care as part of assessing network adequacy. It may not be feasible or desirable to set specific standards around addressing disparities at this time. However, MIA could adopt a flexible framework for assessing network adequacy, within which efforts to address disparities could be one of several factors considered.

Meeting the Needs of Individuals with Serious, Chronic or Complex Health Conditions or Physical or Mental Disabilities

Kaiser Permanente believes it is important to provide appropriate access to care for members with more complex needs and to “meet members where they are” in order to improve quality and outcomes. Members with serious conditions, multiple comorbidities and/or disabilities may need longer or more intensive care, coordination and management in order to maintain or improve their health. Within our integrated delivery system, our providers, care managers and clinical systems work together to ensure that members of all levels of complexity receive the care they need.

A relatively new program in our Mid-Atlantic region is the Complex Care program, through which members with complex needs or multiple chronic comorbidities who opt in are followed through all care settings by the same physician. Their physician monitors and manages all their care, regardless of care setting, to ensure optimal coordination for this vulnerable population and improve their health and their care utilization patterns.

While, again, specific standards may not be feasible to adopt in this area, Kaiser believes that having systems and programs established to meet the needs of the most complex patients is important for ensuring access to appropriate care for all health plan members. Similar to our recommendation above, the MIA could factor in the availability of such complex care systems into a more flexible framework for assessing network adequacy.

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Kaiser appreciates the MIA's consideration of these comments. Please feel free to contact me at 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.