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For information, contact: Matthew Celentano, Executive Director

May 10, 2024

Commissioner Kathleen Birrane Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, Maryland 21202

## <u>Re: Template Reporting Forms, Instructions and Supplements for COMAR 31.10.51 for Reporting Year</u> 2024

Dear Commissioner Birrane:

Thank you for the opportunity to provide comments on the revised non-quantitative treatment limitations (NQTL) data supplements on behalf of the League of Life and Health Insurers of Maryland, Inc. (League), the state trade association representing life and health insurance companies in Maryland. The League appreciates the work the Maryland Insurance Administration (MIA) has done on this issue to date and also appreciates the collaborative process throughout.

League members' main concerns are based around NQTL numerical four (Strategies for Addressing Provider Shortages) and numerical five (Provider Network Directories).

Although both topics are important for access to MH/SUD services, neither is a treatment limitation on its own or a standalone NQTL for which a 7-step comparative analysis can be composed. Each is a component of other NQTLs for which carriers have already completed comparative analyses. League members would appreciate the ability to continue to incorporate these concepts into existing NQTL comparative analyses rather than developing additional, subpart analyses of larger concepts.

League members also have an alternative consideration as an approach around network adequacy. Carriers maintain a network adequacy comparative analysis which includes a comparative analysis of the network standards, how these are monitored, and action plans for how gaps are addressed. Many of the questions listed in the instructions for Strategies for Addressing Provider Shortages are addressed in these network adequacy comparative analyses. League members aren't sure of the value of having them replicated here.

Carriers also felt compelled to comment on provider reimbursement and the associated instructions for Strategies for Addressing Provider Shortages, including questions about provider contracting and negotiation. They are included in the provider reimbursement NQTL comparative analysis, and once again, we are not sure we they need to be duplicated here.

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As to provider admission standards and credentialing -- the instructions for Provider Network Directories include questions about provider data collection, review, and maintenance. These fit most closely with a credentialing NQTL comparative analysis.

Additionally, we note the following on the Data Supplements:

- Data Supplement 4 does not include definitions of negotiated fee schedule, standard fee schedule, or bonus potential. We would appreciate definitions so we can determine whether, and to what extent, we can accurately report on these data points.
- Data Supplement 4, Table 1, Row 5, is not yielding expected auto calculated results. The percentages are >100.
- Data Supplement 5 does not include a definition or any parameters for providers accepting new patients or providers who have not filed a claim.
- Data Supplement 5, Table 2, Row 14, calculates the covered lives per provider based on row 10, which is providers treating children. We recommend comparing the total number of providers to the total covered lives, or the providers treating children compared to the total number of covered children.

Thank you, again, for the opportunity to provide this feedback on the NQTL data supplements. Should you have any questions, please do not hesitate to contact me.

Sincerely,

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