

model HMO may demonstrate this is by providing the Maryland Insurance Administration with its narrative or alternate standard justification to the essential community provider requirement, which was submitted to and accepted by the Maryland Health Benefit Exchange for certification as a qualified health plan.

[[D. If a carrier uses a tiered network, the carrier's provider panel shall meet the standards of this regulation for the lowest cost-sharing tier.]]

.05 Appointment Waiting Time Standards.

A. Sufficiency Standards.

(1) Subject to the exceptions in §B of this regulation, each carrier's provider panel shall meet the waiting time standards listed in §C of this regulation for at least 95 percent of the enrollees covered under health benefit plans that use that provider panel.

(2) (proposed text unchanged)

B. Preventive care services and periodic follow-up care, including but not limited to, standing referrals to specialty providers for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or [[mental]] behavioral health or substance use disorder conditions, and laboratory and radiological monitoring for recurrence of disease, may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating provider acting within the scope of the provider's license, certification, or other authorization.

C. Chart of Waiting Time Standards.

Waiting Time Standards	
Urgent care (including medical, [[mental]] <u>behavioral</u> health, and substance use disorder services)	72 hours
Routine primary care — Non-urgent specialty care	(proposed text unchanged)
[[Non-urgent ancillary services]]	[[30 calendar days]]
Non-urgent [[mental]] <u>behavioral</u> health/substance use disorder services	10 calendar days

.06 Provider-to-Enrollee Ratio Standards.

A. (proposed text unchanged)

B. The provider-to-enrollee ratios shall be equivalent to at least 1 full-time physician, or as appropriate, another full-time provider for:

(1) — (3) (proposed text unchanged)

(4) 2,000 enrollees for [[mental]] behavioral health care or services; and

(5) (proposed text unchanged)

.08 Confidential Information in Access Plans.

A. [[The]] Subject to §15-802 of the Insurance Article, Annotated Code of Maryland, the following information that is included in a carrier's access plan shall be considered confidential by the Commissioner:

(1) — (3) (proposed text unchanged)

B. — D. (proposed text unchanged)

.09 Network Adequacy Access Plan Executive Summary Form.

A. For each provider panel used by a carrier for a health benefit plan, the carrier shall provide the network sufficiency results for the health benefit plan service area as follows:

(1) Travel Distance Standards.

(a) For each provider type listed in Regulation .04 list [[List]] the percentage of [[the participating providers, by primary care provider and specialty provider type,]] enrollees, for which the

carrier met the travel distance standards, [[listed in Regulation .04 of this chapter,]] in the following format:

	Urban Area	Suburban Area	Rural Area
Primary Care Provider — Specialty Provider	(proposed text unchanged)		

(b) — (e) (proposed text unchanged)

(2) Appointment Waiting Time Standards.

(a) For each appointment type listed in Regulation .05, list [[List]] the percentage of enrollees, [[appointments, by type of care, visits, or services,]] for which the carrier met the appointment [[waiting]] wait time standards [[listed in Regulation .05 of this chapter,]] in the following format:

Appointment Waiting Time Standard Results	
Urgent care — within 72 hours — Non-urgent ancillary services — within 30 calendar days	(proposed text unchanged)
Non-urgent [[mental]] <u>behavioral</u> health/substance use disorder services — within 10 calendar days	

(b) List the total percentage of telehealth appointments counted as part of the appointment waiting time standard results.

(3) Provider-to-Enrollee Ratio Standards.

(a) (proposed text unchanged)

(b) For all other carriers, list whether the percentage of provider-to-enrollee ratios [[that met]] meet the provider-to-enrollee ratio standards listed in Regulation .06 of this chapter for each of the following categories:

(i) — (iii) (proposed text unchanged)

(iv) 2,000 enrollees for [[mental]] behavioral health care or service; and

(v) (proposed text unchanged)

B. (proposed text unchanged)

ALFRED W. REDMER, JR.
Insurance Commissioner

Subtitle 10 HEALTH INSURANCE — GENERAL

31.10.45 Dental Network Adequacy

Authority: Insurance Article, §§2-109(a)(1) and 15-112(e), Annotated Code of Maryland

Notice of Final Action

[17-258-F]

On November 28, 2017, the Insurance Commissioner adopted new Regulations .01—.06 under a new chapter, **COMAR 31.10.45 Dental Network Adequacy**. This action, which was proposed for adoption in 44:21 Md. R. 1012—1014 (October 13, 2017), has been adopted with the nonsubstantive changes shown below.

Effective Date: December 31, 2017.

Attorney General's Certification

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of the changes and the basis for this conclusion are as follows:

COMAR 31.10.45.03B: Added the phrase “who provide dental services” to clarify that each provider panel of a carrier shall include at least 20 percent of the available essential community providers who provide dental services rather than just 20 percent of the total number of essential community providers available in general.

COMAR 31.10.45.04C: Changed the appointment waiting time standards so that they are consistent with the dental standards for general and non-urgent specialty dental services. Also changed “General dentistry” to “Routine dental” services to be consistent with Regulation .06 of this chapter.

COMAR 31.10.45.06A(2)(a): Changed the appointment waiting time standard results to match the appointment waiting time standards in Regulation .04 of this chapter.

.03 Travel Distance Standards.

A. (proposed text unchanged)

B. Each provider panel of a carrier shall include at least 20 percent of the available essential community providers who provide dental services in each of the urban, rural, and suburban areas.

.04 Appointment Waiting Time Standards.

A.—B. (proposed text unchanged)

C. Chart of Waiting Time Standards.

<i>First Available Appointment Waiting Time Standards</i>	
<i>Urgent care</i>	<i>3 calendar days</i>
<i>[[General dentistry]] Routine dental services</i>	<i>[[30]] 45 calendar days</i>
<i>Non-urgent specialty care</i>	<i>[[30]] 60 calendar days</i>

.06 Dental Network Adequacy Executive Summary Form.

A. For each provider panel used by a carrier for a dental plan, the carrier shall provide the network sufficiency results for the dental plan service area as follows:

(1) (proposed text unchanged)

(2) Appointment Waiting Time Standards.

(a) For each appointment type listed in Regulation .04 of this chapter, list the percentage of enrollees in which the carrier met the appointment waiting time standards, in the following format:

<i>Appointment Waiting Time Standard Results</i>	
<i>Urgent care- within 3 calendar days</i>	
<i>Routine dental services—within [[30]] 45 calendar days</i>	
<i>Non-urgent specialty care—within [[30]] 60 calendar days</i>	

(b) (proposed text unchanged)

B. — C. (proposed text unchanged)

ALFRED W. REDMER, JR.
Insurance Commissioner

Title 35 MARYLAND DEPARTMENT OF VETERANS AFFAIRS

Subtitle 06 MARYLAND VETERANS SERVICE ANIMAL PROGRAM

35.06.01 General Regulations

Authority: State Government Article, §9-957, Annotated Code of Maryland

Notice of Final Action

[17-245-F]

On November 29, 2017, the Maryland Department of Veterans Affairs adopted new Regulations .01 — .07 under a new chapter, **COMAR 35.06.01 General Regulations**, under a new subtitle, **Subtitle 06 Maryland Veterans Service Animal Program**. This action, which was proposed for adoption in 44:21 Md. R. 1014—1015 (October 13, 2017), has been adopted as proposed.

Effective Date: December 18, 2017.

GEORGE W. OWINGS III
Secretary of Veterans Affairs