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March 15, 2023

Ms. Gabriella Gold  
Director, Network Innovation and Strategy  
CareFirst BlueCross BlueShield  
10455 Mill Run Circle  
Owings Mills, MD 21117

Re: MIA v. Group Hospitalization and Medical Services, Inc.  
Case No.: MIA-2021-05-017  
2019 Network Adequacy Access Plan Filing

Dear Ms. Gold:

The Maryland Insurance Administration (“Administration”) and Group Hospitalization and Medical Services, Inc. (“GHMSI”) entered into a Consent Order on May 12, 2021 (the “Consent Order”) to resolve matters related to the GHMSI 2019 Network Adequacy access plan.

In the Consent Order, the Administration concluded that GHMSI violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by filing an access plan that:

- failed to comply with certain required travel distance standards and appointment waiting time standards; and
- failed to measure and report a required provider-to-enrollee ratio in both the access plan and the executive summary.

The Administration imposed an administrative penalty on GHMSI of \$100,000 for the violations, but suspended the penalty pending the Administration’s (i) review of the access plan submitted by GHMSI in 2021; (ii) determination as to whether the 2021 access plan substantiates representations made by GHMSI related to its intent to adjust record keeping methodologies and to improve its compliance with the access standards; and (iii) based on such review and determination, decision on whether the administrative penalty should be paid, reduced, or rescinded.

The Administration has completed its review of the GHMSI 2021 access plan filed on July 1, 2021, supplemented with additional information and documentation on March 31, 2022, May 16, 2022, July 7, 2022, and September 20, 2022. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44, and the Administration and GHMSI entered into a Consent Order on March 15, 2023 (the “2021 Access Plan Consent Order”) to resolve matters related to the GHMSI 2021 access plan.

The GHMSI 2021 access plan failed to demonstrate that all of the deficiencies reported in the GHMSI 2019 access plan were either resolved, or were the result of circumstances that merited the granting of a waiver by the Administration of the otherwise applicable standard, as detailed in the 2021 Access Plan Consent Order. Specifically, the data self-reported by GHMSI in the 2021 access plan disclosed several deficiencies in the travel distance standards. This included a decline in compliance for the category “all other licensed or certified facilities under contract with a carrier not listed,” which regressed from 100% of rural enrollees in 2019, to 99.9% of rural enrollees in 2021, impacting 15 enrollees.

GHMSI filed a waiver request for the deficiencies in travel distance standards, but good cause does not exist to grant the waiver request as it failed to demonstrate that the providers and facilities necessary for an adequate network in the impacted geographic regions (1) were not available to contract with the carrier; (2) were not available in sufficient numbers; (3) refused to contract with the carrier; or (4) were unable to reach agreement with the carrier (COMAR 31.10.44.07B). The travel distance waiver request failed to demonstrate:

- performance of an adequate search for available providers for the specific provider types and locations for which GHMSI failed the applicable travel distance standard; and
- efforts since 2019 to recruit additional providers in deficient areas, or to follow up with providers who previously declined to be in-network.

The GHMSI 2021 access plan did not report any deficiencies in meeting the provider-to-enrollee ratio standards, but the access plan failed to report the provider-to-enrollee ratio for behavioral health separate and distinct from substance use disorders, instead reporting the same exact ratio for both categories; this was identified as a deficiency in the Consent Order. GHMSI attested that every licensed behavioral health provider in its network can appropriately treat substance use disorders within the scope of their licensure. GHMSI also contended that there is no reliable method for GHMSI to identify which providers in its network specialize in substance use disorder services based on current licensing structure. In response to a specific request from the Administration, GHMSI queried the CMS NPPES National Provider Identifier (NPI) Registry, and reported the number of providers in the GHMSI network with a primary or secondary taxonomy related to substance use disorder on May 16, 2022. Although GHMSI insists that the self-reported taxonomies are not reliable, and GHMSI does not use these taxonomies in its internal categorization of providers for this reason, the Administration determined it was appropriate to consider the supplemental information reported by GHMSI as additional substantiation that the 2021 access plan complies with the provider-to-enrollee ratio standard for substance use disorders.

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The GHMSI 2021 access plan demonstrated to the satisfaction of the Administration that GHMSI has complied with the terms of the Consent Order in addressing the other deficiencies reported in the GHMSI 2019 access plan. The Administration has determined that the GHMSI 2021 access plan substantiates representations made by GHMSI related to its intent to:

- improve its compliance with the required appointment waiting time standards;
- adjust its record keeping methodologies to report an accurate provider-to-enrollee ratio for substance use disorders; and
- except as described above, improve its compliance with the required travel distance standards.

The \$100,000 penalty, therefore, is hereby rescinded in its entirety, in accordance with the terms of the Consent Order.

This determination letter is limited to the GHMSI 2019 Access Plan, and is independent of the Administration's review of any other Network Adequacy Access Plans and submissions in connection thereof which are filed by GHMSI.

Very truly yours,



David Cooney  
Associate Commissioner  
Life and Health