

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Acting Commissioner

DAVID COONEY
Associate Commissioner
Life and Health

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2170 Fax: 410-468-2204
Email: pamela.obrien@maryland.gov
410-468-2000 1-800-492-6116
TTY: 1-800-735-2258
www.insurance.maryland.gov

October 4, 2024

Ms. Arpita Dumra
Senior Regulatory Affairs Analyst
MAMSI Life and Health Insurance Company
4 Taft Court
Rockville, MD 20850

Re: MAMSI Life and Health Insurance Company (“MLH”)
2023 Network Adequacy Access Plan

Dear Ms. Dumra:

The Maryland Insurance Administration (“Administration”) has completed its review of the MLH 2023 Network Adequacy Access Plan (the “MLH 2023 Access Plan”) filed on October 2, 2023, supplemented with additional information and documentation on December 7, 2023, January 8, 2024, February 1, 2024, May 7, 2024, June 24, 2024, and June 28, 2024. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

The Administration’s review of the MLH 2023 Access Plan has found that the access standards in COMAR 31.10.44.05 and .06 were not met for the following, based on the data self-reported by MLH. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

In addition to the specific provider and facility types listed in the chart in COMAR 31.10.44.04A(5), MLH reported separate travel distance metrics for 16 additional provider types, which, in previous reporting years, had been reported together under the categories “All Other licensed or certified providers under contract with a carrier not listed” and “All other licensed or certified facilities under contract with a carrier not listed.” For the following facility type and geographic region, MLH reported that less than 100% of enrollees had access to a participating provider with a practicing location within the applicable maximum travel distance standard:

Provider/Facility	Geographic Region	Percentage of Enrollees within Standard
Addiction Medicine	Urban	91.6%
	Suburban	96.2%
Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery	Urban	99.9%
	Suburban	99.8%
Neurology	Urban	99.9%
Pediatrics-Routine/Primary Care	Urban	99.6%
	Suburban	99.9%
Acute Inpatient Hospitals	Urban	99.6%
Ambulatory Infusion Centers	Urban	99.6%
Critical Care Services-Intensive Care Units	Urban	99.6%
Substance Use Disorder Residential Treatment Facility	Suburban	99.9%
	Rural	99.5%
Residential Crisis Services	Urban	4.8%
	Suburban	94.5%
	Rural	89.7%

Additionally, of the 16 additional provider types that were listed together in previous years under the “All Others...” categories MLH reported a deficiency for six of them in at least one zip code.

Travel Distance Waivers and Other Mitigating Factors

MLH provided the information required by COMAR 31.10.44.09A for most of the unmet travel distance standard described above. The Administration has found good cause to grant a waiver of the applicable travel distance standard for the following because MLH demonstrated that providers necessary for an adequate network were not available for the following provider and facility types:

- Addiction Medicine
- Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery; in zip codes 21403 and 21913
- Neurology
- Pediatrics-Routine/Primary Care
- Acute Inpatient Hospitals
- Ambulatory Infusion Centers
- Critical Care Services-Intensive Care Units.
- Substance Disorder Residential Treatment Facility

The Administration determined that MLH provided sufficient information for the deficient service types listed above to demonstrate that providers necessary to meet the travel distance standards were not available in sufficient numbers. The information provided by MLH included:

- Descriptions of efforts to locate any additional practicing providers within the required distance standard for each deficient service type and zip code using the Maryland Active Provider Directory and online searches;
- Declarations that the efforts to locate additional providers revealed that MLH is already contracted with the nearest practicing provider for the deficient service types listed above, and that there are no other providers currently available within standard.

The waivers of the travel distance standard for the providers and facilities listed above apply only to the access plan filings submitted in 2023. In order for the Administration to consider granting waivers of the travel distance standards in subsequent years for the provider types and zip codes where MLH reported inadequate availability of providers and facilities, MLH will need to provide a more detailed description of recruitment resources and, if applicable, a reasonable explanation for not completing the recruitment resource table in the required waiver template.

For the remaining provider and facility types where MLH reported a deficiency, the Administration determined that MLH failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09(A)(B) were satisfied. The required waiver information was completely missing for the additional provider types that were listed together in previous years under the “All Other...” categories.

The Administration notes that these deficiencies are related to new travel distance standards that were effective for the first time in 2023 under the revised network adequacy regulations. In Bulletin 23-8, issued on May 5, 2023, the Administration advised carriers that when reviewing the 2023 network access plan filings and evaluating compliance with the new standards, the Administration would take into consideration the fact that the reports were required to be filed shortly after the effective date of the revised regulations in determining deficiencies and the regulatory response to such deficiencies.

Consequently, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for these travel distance deficiencies. For the Residential Crisis Services facility type where MLH reported a deficiency in at least one zip code for the MLH 2023 access plan, the Administration considered that MLH provided a detailed description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations.

The data self-reported by MLH in its 2023 access plan showed that the essential community provider (ECP) inclusion standard of 30% for the category of Substance Use Disorder services in suburban and urban geographic areas were not met.

ECP Service Type	Standard	Urban Compliance Percentage	Suburban Compliance Percentage
Substance Use Disorder Services	30%	18.8%	16%

MLH provided the information required by COMAR 31.10.44.09A for each unmet ECP inclusion standard described above. The Administration has considered the information provided by MLH, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, MLH provided information demonstrating that the failure to meet the ECP inclusion standard for 2023, after MLH consistently reported exceeding the ECP standard in prior reporting years, was due to the regulatory changes to the definitions and methodologies for calculating the revised standard under the new network adequacy regulations. The drop in the reported compliance percentages was not caused by a proportional loss of previously contracted ECPs.

The Administration advised carriers in Bulletin 23-8 that the Administration would take into consideration the fact that the reports were required to be filed shortly after the effective date of the revised regulations in determining deficiencies and the regulatory response to such deficiencies. Consequently, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the ECP inclusion standard for the MLH 2023 Access Plans. Based on the information provided by MLH, the Administration determined there was insufficient time between the finalization of the revised regulations and the due date of the 2023 access plan filings for MLH to identify, recruit, credential, and contract with a sufficient number of ECPs necessary to meet the inclusion standard under the revised methodology. MLH provided a description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations.

Appointment Waiting Time Standards

The data self-reported by MLH disclosed that the percentage of available in-person appointments meeting standard in the following service types was less than 90%:

Appointment / Service Type	Standard	% of Standard Met
Inpatient Urgent Care for Mental Health Services	72 hours	Report unavailable*

Appointment / Service Type	Standard	% of Standard Met
Inpatient Urgent Care for Substance Use Disorder Services	72 hours	Report unavailable*
Outpatient urgent care for mental health services	72 hours	68.4%
Outpatient urgent care for substance use disorder services	72 hours	72.4%
Non-urgent mental health care	10 calendar days	82.7%
Non-urgent substance use disorder care	10 calendar days	86.6%

*MLH reported that it was unable to collect the data for the 2023 filing year because its vendor survey statement of work did not include surveying in network facilities for Inpatient Urgent Care Mental Health Services or Inpatient Urgent Care for Substance Use Disorder Services. To meet the requirement, MLH reported that it designed an in-house survey to distribute to all participating facilities and the identified appropriate respondent. The subsequent deployment was completed in May 2024 and will be repeated in October 2024.

For the other appointment waiting time categories of Urgent care for medical services, Routine Primary Care, Preventative Visit Care/Well Visit and Non-urgent Specialty Care, MLH reports meeting the required 90% standard based on provider survey results. Supporting documentation, including provider survey results, were included in the 2023 MLH access plans to validate the reported values.

MLH provided the information required by COMAR 31.10.44.09A for each unmet appointment waiting time standard described above. The Administration has considered the information provided by MLH, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, MLH provided information demonstrating that the failure to meet the applicable waiting time standards was due to the regulatory changes in the methodology for measuring appointment waiting time, and insufficient time to address previously unidentified deficiencies for new categories of appointments. In accordance with Bulletin 23-8, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the appointment waiting time deficiencies for 2023 for the following reasons:

- MLH provided a detailed description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations;
- The information submitted by MLH in accordance with COMAR 31.10.44.09A, while not sufficient to justify a waiver of the standards, did demonstrate that the failure to meet

the standards was partly caused by an insufficient number of in-person or hybrid services providers available to contract with MLH;

- MLH included a description of its efforts to locate additional in-person medical specialty providers, mental health, and substance use disorder providers using external sources such as the public provider directories of other carriers, Maryland's Active Providers Directory, and online searches.

This determination letter is limited to review of the MLH 2023 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 MLH. The enforcement discretion exercised for 2023 does not extend to access plan filings submitted for 2024, and the Administration expects to see significant improvement in compliance levels for the 2024 plans.

MLH has the right to request a hearing on this determination letter in accordance with § 2-210 of the Insurance Article. A request for a hearing must be made in writing and received by the Administration within thirty (30) days of the date of this letter. The rules for requesting a hearing are set forth in COMAR 31.02.01.

Very truly yours,

Pam O'Brien

Pam O'Brien
Network Adequacy Analyst III
Mental Health Parity and Network Adequacy
Life and Health