December 18, 2019

Maryland Insurance Administration
200 St. Paul Place
Baltimore, MD 21202
Networkadequacy.mia@maryland.gov

RE: COMAR 31.10.44 Network Adequacy Regulations

The Maryland Academy of Nutrition and Dietetics (MAND), is an organization representing 1,200 licensed dietitians nutritionists, dietetic interns, and students within the state of Maryland. The opportunity to present our perspective on how Network Adequacy affects the work of dietitians and nutritionists before the MIA and key stakeholders is greatly appreciated.

Licensed dietitians nutritionists work within a variety of Maryland practice settings including but not limited to hospitals, assisted living, long term care facilities, outpatient facilities, private practices, and public health departments. Collectively, licensed dietitian nutritionists represent areas of specialty not limited to diabetes, renal disease, substance abuse, pediatrics, genetics, oncology, gastrointestinal and eating disorders. Nonetheless, dietitians’ ability to join insurance networks and receive adequate compensation often affects their ability to serve patients and clients.

We welcome any opportunity to work together as part of the process to ensure adequacy amongst providers and consumers. As other provider groups have reported at previous hearings, many licensed dietitians and nutritionists found on lists of approved providers are inpatient/ hospital dietitians, have moved out of state or are no longer in practice. When these provider lists are not updated, the result is that few people on the list accept new clients on an outpatient basis. As a result, the networks appear “full” and limit new dietitians from joining. Thus, it is imperative that provider listings are updated regularly with consideration given to the need for a wide variety of specialty and certifications specific to patient needs.

To put things into perspective, there are approximately 1900 licensed dietitian nutritionists in the state of Maryland. 600 providers with NPI numbers in Maryland identify as a Registered Dietitian or Nutritional Professional, and only 54 are enrolled in Medicare. Unfortunately, these numbers do not reflect all providers that receive reimbursement for their services because many hospital-based dietitians do not enroll individually in Medicare.

Insurance plans on the state marketplace include coverage for diet counseling services related to “risk for chronic disease”, and “obesity counseling for all adults”; Medicare Part B plans cover Medical Nutrition Therapy (MNT) for people with diabetes, kidney disease or a kidney transplant within the last 36 months. Licensed dietitian nutritionists are paid 15% less than physicians for their services and reduce health care costs by educating clients on necessary lifestyle changes to decrease the severity or resolve disease states. However, despite these facts, one issue is seemingly apparent. The inability to access insurance networks has resulted in reduced numbers of nutritional professionals pursuing insurance credentialing and thus, not reaching as many patients with their health promoting approaches.

Moving forward, we would like to bring your attention to questions raised to MIA staff pertaining to provider definitions and travel distance standards.
Section .02 Definitions

We suggest delineation of health care providers list under “Other Licensed Healthcare Professionals” within the charts of travel distance standards.

Definition of Licensed Dietitian Nutritionist should be included under Other Licensed Healthcare Professionals and listed in the travel distance standards. The definition should reflect the scope of practice set forth by the Maryland Licensed Dietitian Nutritionists Act and standards governed by the Maryland Department of Health’s Board of Dietetic Practice.

Dietitian nutritionists should be defined as individuals licensed by the Board of Dietetic Practice to practice dietetics in Maryland.

Section .04 Travel Distance Standards

Under Travel Distance Standards, Licensed Dietitian Nutritionists should be specifically listed under “all other licensed or certified providers under contract with a carrier not listed” to further clarify the scope and applicability of the distance standards.

Lastly, we suggest that the corresponding geographic area distance requirements are similar to those standards for “Physiatry, Rehabilitative Medicine” and based on road travel distance. We ask that MIA considers the geographic accessibility of dietitians to Maryland residents living outside of the Washington, DC and Baltimore metropolitan areas and to consider standards that would ensure more licensed dietitians and nutritionists in rural areas are part of the network.

The regulations would benefit from the clarifications and recommendations mentioned with respect to the essential health care services licensed dietitians and nutritionists provide. The increasing emphasis on preventive care, wellness, and chronic care is driving healthcare in Maryland. Our recommendations will help make Maryland provider panels more robust and responsive to the needs of patients and accommodate the shifting focus of healthcare on preventive and chronic care.

Thank you for your attention to these comments.

Kind regards,
Dr. Arnetta Fletcher, PhD, RDN, LDN
State Regulatory Specialist, Maryland Academy of Nutrition and Dietetics
SRS@EatWellMD.org

Contributors
Angela Green, RDN, LDN; President, Maryland Academy of Nutrition and Dietetics
Glenda Lindsey, DrPH, MS, RDN, LDN; Public Policy Coordinator
Arnetta Fletcher, PhD, RDN, LDN; State Regulatory Specialist
Livleen Gill, MBA, RDN, LDN; Business and Reimbursement Division Chair
Jessica Kiel, MS, RDN, LDN, NASM-CPT, CCRP; Delegate, Maryland Academy of Nutrition and Dietetics
Maryland Academy of Nutrition and Dietetics Public Policy Panel

Additional Resources