

Your Advocate. Your Resource. Your Profession.

August 19, 2020

David Cooney Assistant Commissioner, Life and Health Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202

Submitted by email to: <u>Networkadequacy.mia@maryland.gov</u>

RE: Network Adequacy Regulation Review

Dear Mr. Cooney:

Medchi appreciates the opportunity to comment on issues relative to network advocacy that have been raised as a result of MIA's effort to continue to work with stakeholders to ensure that the State's network adequacy regulations effectively achieve their intended objectives. MIA's thorough and deliberative approach, including extensive stakeholder involvement, is to be applauded. The development of quantitative access standards and greater carrier transparency and accountability will help to enhance patient care and health outcomes through increased access to in-network providers.

While Medchi does not have recommendations for specific amendments to the current regulations we would like to reassert the critical principles we believe are essential to ensure the integrity and effectiveness of network adequacy requirements.

- Quantitative requirements for wait times and travel distance should be retained and to the extent possible there should be a uniform methodology for measurement of those metrics by all carriers.
- The quantitative standards for essential community providers should be retained and Medchi has no objection to including school-based health centers in the definition.
- Requirements for carriers to file a waiver when they are unable to meet a required metric should remain mandatory.
- Carriers' assertion that they do not have a source to identify actively practicing providers for recruitment into their networks can be addressed by carriers requesting information of currently licensed providers from the respective professional boards.
- Medchi supports the current recognition of telehealth services in the framework for quantitative measures but strongly opposes changing/weakening the standards. While the use of telehealth services has expanded, its expansion should not be used as a basis to relieve carriers of their responsibility to build an accessible and adequate network of providers available for in person services. Network adequacy requirements for the availability of providers within defined distances and wait times must be maintained.

Medchi would again like to express its appreciation for the opportunity to work with the MIA to ensure the State's regulatory framework requires transparency and accountability by the carriers which in turn will result in increased access to care and improved health outcomes. Please feel free to contact me should you have any question regarding our comments.

Sincerely,

Lene m Ronsom III

Gene M. Ransom, III Chief Executive Officer