

Network Adequacy Final Regulations **Overview of Changes**

The MIA has made certain non-substantive changes to the Regulations as originally proposed. These changes are based on comments received after the publication on July 21, 2017, as well as additional considerations and work conducted by the MIA. The reasons for the changes are described herein.

Regulation .02 Definitions:

The definition of “Essential community providers” was revised by substituting the word “behavioral” for “mental” because the definition of “behavioral” already includes mental health care.

Definitions for both “HEDIS” and “Health Professional Shortage Areas” were added because both terms are now included in newly added Regulation .04C(2). Regulation .04C(2) provides for alternative standards for group model HMOs to meet the needs of low-income, medically underserved individuals as permitted under § 15-112 of the Insurance Article, Annotated Code of Maryland.

Based on comments requesting a more standardized set of area definitions, we revised the definitions of “rural,” “suburban,” and “urban” areas in each case by substituting the word “zip code” for “region.” A zip code based area system will be easier for carriers to utilize when measuring the adequacy of the network under the distance standards required by Regulation .04. To provide direction on the access plan filing requirement in Regulation .03A, language was added to state that instructions and information used to determine zip code areas would be provided on the Maryland Insurance Administration's website.

The definition of “Specialty provider” was revised to add providers who are “Board eligible.” Board eligible providers can provide medical services to patients because, other than taking the certifying examination, they already meet the requirements to be a provider.

The definition of “Tiered network” was removed. Comments received demonstrated that there could be some confusion as to how the Regulations may be applied to low cost, specialty, or other tiered type networks. To simplify the regulation and avoid confusion, the tiered networks references were removed.

Regulation .04 Travel Distance Standards:

In Regulation .04A(2), the phrase "primary care provider" was added to clarify which travel distance standard applies to a gynecologist, pediatrician, or certified registered nurse practitioner.

In Regulation .04A(4), new language was added to clarify the intent and applicability of the "Other provider not listed" which was originally listed on the proposed Chart of Travel Distance

Standards.

In the chart of Travel Distance Standards:

- 1) "Applied Behavioral Analyst" was added to the listing of provider types;
- 2) "Applied Behavioral Analysis" was changed to "applied behavioral analyst" as this is the correct phrase for these types of providers. In addition, "applied behavioral analysis" was removed from the listing of facility types and "applied behavioral analyst" was added to the listing of provider types because this specialty is a type of provider rather than a type of facility;
- 3) The words "Other Provider Not Listed" were removed and the words "All other licensed or certified providers under contract with a carrier not listed" were added to clarify the scope and applicability of the distance standards;
- 4) "Other Behavioral Health/Substance Abuse Facilities" was added as a more specific facility to reflect the intended applicability of in-patient psychiatric facilities and acute inpatient hospitals; and
- 5) "Other Facilities" was removed and replaced with "All other licensed or certified facilities under contract with a carrier not listed" to clarify the scope and applicability of the distance standards.

Regulation .04C Essential Community Provider Requirement:

The comments submitted on the applicability of the Essential Community Provider requirement of 30 percent stated that the General Assembly expressly provided for an alternative standard for group model HMO's based on the structure of those plans. A similar alternative standard is utilized by these entities for certification with the Maryland Health Benefit Exchange. Regulation .04C(2) was added for Group Model HMO's to acknowledge the alternative standard allowed by the General Assembly under § 15-112(b)(3)(ii)(2), Insurance Article, Annotated Code of Maryland, but also to address the network adequacy requirements for low-income, medically underserved individuals.

Regulation .05 Appointment Waiting Time Standards:

In Regulation .05A, the words "subject to the exceptions in" were added to clarify the applicability of that Regulation.

In response to comments regarding Regulation .05C, the chart of waiting time standards, the category "Non-urgent ancillary services" was deleted since the waiting time for non-urgent ancillary services is already accounted for within the non-urgent specialty care category.

Regulation .08 Confidential Information in Access Plans:

In response to comments received regarding Regulation .08, language was added at the beginning of section A to clarify that carriers are required to provide certain information to a requester relating to non-quantitative treatment limitations in order to determine mental health parity. This is both a federal requirement as well as a statutory requirement, found in § 15-802(d)(4), Insurance Article, Annotated Code of Maryland.

Regulation .09 Network Adequacy Access Plan Executive Summary Form:

Regulation .09A was revised in response to comments regarding the measurement required by this section. Specifically, the wording was revised to clarify the expectation that carriers must meet the travel distance standards based on the enrollee population and distribution, and the enrollee population and appointment type. Additionally, wording was revised to clarify the MIA's expectations that carriers will advise the MIA if they met these standards.