May 8, 2017

Lisa Larson
Assistant Director of Regulatory Affairs
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Sent via email to: Networkadequacy.mia@maryland.gov

RE: Proposed Network Adequacy Regulations

Dear Ms. Larson:

MedChi appreciates the opportunity to comment on the draft proposed regulations regarding network adequacy standards that are the culmination of the MIA's stakeholder process to develop quantitative network adequacy standards pursuant to the legislation enacted in 2016. MedChi applauds the MIA for its thorough and deliberative consideration of testimony and information provided throughout that process. The end result, as evidenced by the proposed regulations, reflects a comprehensive regulatory structure that holds carriers accountable for ensuring that their networks reflect sufficient numbers of physicians and other providers to assure prompt and accessible high quality health care services.

MedChi supports the proposed regulations with the following observations and comments for consideration.

Definition of Telemedicine:
The definition of telemedicine was changed during the 2017 Legislative Session to "telehealth". MedChi would request that the regulations be amended to reflect the meaning state in §15-139 of the Insurance Article as recently enacted.

.03 Filing of Access Plans:
The regulations require the carriers to notify the Commissioner if they make a material change to an access plan which MedChi strongly supports. As proposed .03(2) requires that notice to include a reasonable timeframe within the carrier shall will file an update to the access plan for review by the Commissioner. MedChi would suggest that the regulations define a timeframe within which the carriers must file an amended access plan for review instead of that timeframe being defined by the carrier that files the notice of material change.

.04 Geographic Accessibility of Providers:
MedChi supports the MIA's consideration of the differences in how integrated delivery systems provide access to care such as the separately defined geographic access standards provided for Staff Model HMOs.

1211 Cathedral Street • Baltimore, MD 21201-5516 • 410.539.0872 • Fax: 410.547.0915 • 1.800.492.1056 • www.medchi.org

MedChi supports the requirement that carriers shall have 30% of the available essential community providers as part of their panel and that if there is a tiered network that threshold is met at the lowest cost-sharing tier. These providers are a critical component of ensuring access.

With respect to Nurse Practitioners, MedChi understands that Nurse Practitioners play a role in providing access to care and do not object to their inclusion in meeting network adequacy standards. However, carriers should not be permitted to utilize nurse practitioners to meet those standards at proportions that prevent patients from accessing care from a physician pursuant to the wait times provided in the regulations.

.05 Waiting Times for Appointments with Providers

MedChi supports the adoption of waiting times including the incorporation of prior authorization in the defined times and the inclusion of mental health and substance abuse providers. MedChi would like to question why the wait time for urgent care is significantly longer when prior authorization is not required than when it is. 96 hours is a long time to wait for urgent care. MedChi would suggest the wait time be modified to a timeframe shorter than that provided when prior authorization is required.

MedChi would again like to express its appreciation for the opportunity to work with the MIA in developing these regulations and hope you will consider these comments as you finalize the proposed regulations for formal promulgation and adoption. Please feel free to contact me should you have any question regarding our comments or suggested modifications.

Sincerely,

Gene M Ransom III

Gene M. Ransom, III
Chief Executive Officer

1211 Cathedral Street • Baltimore, MD 21201-5516 • 410.539.0872 • Fax: 410.547.0915 • 1.800.492.1056 • www.medchi.org