

August 21, 2017

Lisa Larson
Regulations Manager
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

RE: Proposed Regulations Chapter 44 Network Adequacy

Dear Ms. Larson:

Consumer Health First (CHF) is pleased to submit these comments on the Maryland Insurance Administration's (MIA) proposed network adequacy regulations published in the Maryland Register on July 21st. CHF actively participated in the public process culminating in the publication of these regulations. Throughout that process, we urged the MIA to adopt robust network adequacy standards to ensure carriers provide consumers with meaningful access to all the health care services specified in their health benefit contract and to disclose information to consumers regarding the adherence to these standards by each carrier. The inclusion of standards for travel distance, appointment waiting times, provider-to-enrollee ratios in these proposed regulations afford consumers with meaningful and robust network adequacy requirements, while the Network Adequacy Access Plan Executive Summary Form (Form) provides appropriate public disclosure.

In particular, we strongly support the inclusion of appointment waiting time standards and a requirement for carriers to have at least 30 percent of the essential community providers in an area in-network and urge the MIA to retain these standards in the final regulations.

We are concerned, however, about the specific time travel distance standards and offer changes to these provisions below. In addition, we are gravely concerned about the inclusion of a waiver process as this could significantly undermine the strong consumer protections set forth in these proposed regulations. We, therefore, urge the MIA to delete this provision from the final regulations.

We refer you to the comments we submitted to the MIA on May 4th (available at

<http://www.mdinsurance.state.md.us/Consumer/Documents/agencyhearings/ConsumerHealthFirst-NetworkAdequacyRegsComments542017.pdf>). Our previous comments provide more detail on why we believe a waiver process is not supported by current law.

Prior to the publication of these proposed regulations, the MIA circulated an informal draft for public comment. The informal draft included travel distance standards specified by the Medicare Advantage program. The proposed network adequacy regulations published in the Maryland Register now include far different travel

distance standards. The Medicare Advantage program specifies travel distances for **counties** classified as large metro areas, metro areas, micro areas, and rural areas. The published proposed regulations specify travel distance standards for **regions** with certain population densities meeting the criteria specified in the regulations for urban areas, suburban areas and rural areas. It is unclear if a region is coterminous with a county, includes more than one county or conversely is smaller than a county. **We urge the MIA to clarify the meaning of urban, suburban and rural areas and recommend each political jurisdiction in the State be mapped to an urban, suburban or rural area.**

The proposed regulations map the specific miles for the travel distance standard from Medicare Advantage's large metro area to urban areas; metro area to suburban area; and rural areas to rural areas. We respectfully submit this is not an appropriate mapping. Using the population size and density specifications set forth for Medicare Advantage health plans, Maryland's rural counties would be classified as either metro areas (e.g., Allegany and Wicomico counties) or micro areas. (e.g., Garrett, Kent, Somerset, and Talbot). **We urge the MIA to map the specific miles for the travel distance standards from Medicare Advantage's micro areas to the MIA's rural areas.**

CHF is also supportive of the comments submitted by the Legal Action Center and its signatories, which recommend minor changes to the proposed regulations to improve the ability for mental health and substance use disorder consumers to secure a timely appointment for behavioral health treatment. In light of the current opioid crisis we believe this is particularly important.

In closing, we ask you to consider our comments as you move forward with finalizing the proposed regulations for network adequacy. We are grateful to the MIA for the opportunity to provide input to this important process. We look forward to continuing to work with you to develop a meaningful report, showing the carriers' performance against the final adopted quantitative standards. This will provide consumers with an important tool to evaluate networks and make informed choices among available products and plans.

Thank you for taking the time to consider our recommendations, and please do not hesitate to contact us if you have any questions.

Sincerely,



Leni Preston, President

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