March 27, 2023
Cigna Group

Ms. Lisa Larson, Director of Hearings
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

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RE: COMAR 31.10.44

Dear Ms. Larson,

Thank you for the opportunity to provide comments to the Maryland Insurance Administration (MIA) on proposed Network Adequacy COMAR 31.10.44. Cigna is committed to building strong networks to meet the needs of our members. While we appreciate the opportunity to comment on these regulations, we continue to have concerns with the proposal.

1. The proposed regulations contain a significant number of new data requests. We are concerned that many of the requested elements, in our experience, will not provide worthwhile insight into whether a member has access or assist in assessing the adequacy of a network. Additionally, several of the requests ask for data in a manner that we do not believe is standard for the industry. If the MIA is interested in learning more about carrier practices or exploring other methods of assessment and their viability, we believe there are better avenues to meet this goal. Codifying these inquires in regulation as opposed to data calls or discussions with carriers, seems unnecessary, particularly when there are no regulatory requirements associated with the requests.

2. We appreciate the MIA's thoughtful changes with regard to surveys on appointment wait times. It is unclear what the process for evaluating wait times through provider survey would be if the Commissioner were to take the lead or the timing for when carriers would know a Commissioner led process would be implemented. We have had positive experiences in states that have centralized provider surveys as it managed administrative burden for carriers and providers by allowing providers to receive a single survey call instead of calls from multiple carriers We would encourage serious consideration of this approach as the standard and not an option.

3. The requirement that travel distance standards be met at a standard of 100% is a concern. Carriers strive to meet access standards for members but will always be hampered by the geographic limitation of where providers' offices are located. A standard of 100% will require a waiver request each time a single member will exceed the standard and there is no reasonable option to cure the defect. CMS utilizes a 90% threshold for exchange plans reflecting the very real practical

limitation of time and distance as a measure We would urge the MIA to consider a standard less than 100% to accommodate real world experiences and keep Maryland in line with other states and regulatory bodies.

4. Regulation 31/10.44.03 includes a requirement that the report include "*Shall include all participating providers who reported a specific provider type or specialty code when completing the uniform credentialing form…"* Providers are listed by the specialty in which they have been credentialed which may not necessarily be the specialty they reported on the credentialing form We would suggest this be changed to the specialty in which they have been credentialed.

5. Regulation 31.10.44.05 requires the use of "road travel standards." We have not identified a commercially available mapping program that can be used for this purpose that complies with the definition. We would appreciate any guidance from the MIA as to those programs they have encountered that meet this standard.

6. Regulation 31.10.44.05 requires identification of providers based on whether they provide services or alcohol treatment only, drug abuse treatment only, and alcohol and drug abuse treatment. These decisions to narrow scope re not based on licensure or specialty designation. Addition specialists may treat all. These designations are not easily captured and would require a separate provider survey.

7. We have some concerns that all provider types listed throughout the regulations do not align to licensure types. Clearly identifying the relevant licenses would ensure consistent interpretation across carriers and support compliance with the regulations.

8. We would encourage the MIA to include the Essential Community Providers requirements on its website for all carriers as the regulation makes clear the requirements may not always align with the Health Benefit Exchange's changes based on timing and all carriers are not participants on the Exchange to have the same access to information as it is developed there.

We believe a regulation that can be implemented by carriers effectively and efficiently be carriers will meet the states intended goals. We have highlighted provisions that we believe do not currently support that vision as drafted. We are happy to discuss any of these comments with you and appreciate your consideration.

Best Regards

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