

December 4, 2020

sent via email to [networkadequacy.mia@maryland.gov](mailto:networkadequacy.mia@maryland.gov)

Director of Regulatory Affairs  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, Maryland 21202

RE: Draft Regulations – COMAR 31.10.44 Network Adequacy

Dear Director:

On behalf of the Maryland State Medical Society (MedChi), please accept our comments on the above-referenced draft regulations. In general, MedChi supports the draft regulations. For the record, MedChi also supports the issues raised in the letter submitted by the Maryland Parity Coalition. However, MedChi would like to bring one additional issue to your attention for consideration concerning Section .04 Filing of Access Plan related to non-participating providers in hospitals.

**Section .04:**

*(5) A description of the network access to hospital-based providers, which shall include:*

- (a) A list of all the hospitals included on the provider panel; and*
- (b) For each hospital included on the provider panel:
  - (i) The percentage of on-call physicians practicing in the hospital who are participating providers;*
  - (ii) The percentage of hospital-based physicians practicing in the hospital who are participating providers;*
  - (iii) The percentage of anesthesiologists practicing in the hospital who are participating providers;*
  - (iv) The percentage of radiologists practicing in the hospital who are participating providers; and*
  - (v) A report of whether any non-physician providers, including laboratories or radiology facilities, within the hospital that routinely provide services to patients are not participating providers; and**

We believe that the inclusion of this section is outside of the scope of these draft regulations. The section fails to address whether access to these provider types is adequate; rather

it simply requires a reporting requirement as to the percentage. Without a tally of the actual number of overall providers in each category, it is impossible to determine adequacy, so it is unclear why this information is being gathered. In addition, the draft regulations do not require this type of reporting for any other provider type even though .03(A.1) requires carriers to “develop and maintain a complete network of adult and pediatric primary care, mental and behavioral health, substance use disorder, specialty care, ancillary service, vision, pharmacy, home health and other providers.” More importantly, we believe that this information would already be captured without the need to include paragraph (5) by the monitoring of sufficiency standards reflected in .03B - (1) *A carrier shall monitor its provider network for compliance with this chapter on at least a monthly basis; and (2) A carrier shall monitor out of network costs to members when network providers are not available and report this information on a form provided by the Administration on a quarterly basis.*

Therefore, for the above reasons, we request removal of the language in paragraph (5) of Section .04. Thank you for the opportunity to provide these comments. Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Gene M Ransom" followed by a horizontal line and the Roman numeral "III".

Gene M. Ransom, III  
Chief Executive Officer