



PO Box 716  
Baltimore, MD 21233  
202.669.0031 phone

August 21, 2017

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

Dear Ms. Larson:

Thank you for the opportunity to comment on proposed regulations under COMAR 31.10.44 to establish network adequacy regulations. The Maryland Assembly on School-Based Health Care (MASBHC) appreciates the work of the Maryland Insurance Administration (MIA) to work with stakeholders in developing network adequacy regulations. The proposed regulations help advance standards that will help ensure consumers have sufficient access to health care providers.

We believe it is the MIA's intent to align the definition of essential community provider (ECP) with the definition used by the Maryland Health Benefit Exchange (MHBE). The MHBE's definition of ECP also includes school-based health centers. Therefore, we are requesting the addition of "school-based health centers" to COMAR 31.10.44.01 B(6).

The key reasons for aligning the MIA's definition of ECP with the MHBE's definition from the regulatory perspective include:

- Carriers should have a consistent methodology to calculate the ECP participation rate in their provider networks. Carriers now include school-based health centers in their calculations for qualified health plans; and
- Regulators should have a consistent mechanism for evaluating ECP participation rate in provider networks. We believe it would make it simpler to determine if carriers are compliant.

It might be of interest to note the history of adding school-based health centers to the MHBE's definition of ECP. When the MHBE was examining the issue through its Network Adequacy Workgroup, MASBHC requested school-based health centers be added to the state definition of ECP. Many, but not all, school-based health centers already met the federal ECP definition. This inconsistency was creating



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widespread confusion on whether school-based health centers were ECPs. For more detailed background information, we have attached MASBHC's comments to the MHBE on its Draft 2017 Issuer Letter.

Thank you for the opportunity to submit these comments. If we can provide any additional information, please contact me at (443) 926-3443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

Sincerely,

A handwritten signature in black ink that reads 'R. S. Elliott'. The signature is written in a cursive, flowing style.

Robyn Elliott  
Public Policy Consultant

Attachment

**Public Comments on Draft 2017 Letter to Issuer – Maryland Health Benefit Exchange**

Name	Organization	Email	Phone
Robyn Elliott	Maryland Assembly on School-Based Health Care (MASBHC)	<a href="mailto:relliott@policypartners.net">relliott@policypartners.net</a>	(443) 926-3443

Regulation Section	Comments
In General	
Chapter 1: Carrier Certification Process and Standards	
Chapter 2: QHP/SADP Certification Process	
Chapter 3: Off-Exchange SADP Certification Process and Standards	
Chapter 4: QHP/SADP Certification Standards	<p><b><u>G. Consumer Support and Service Transparency Requirement</u></b></p> <p><b><u>vii. Provider Directory Improvement Strategy and Transparency Requirements.</u></b></p> <p>MASBHC supports the MHBE’s plan to collect data to create accuracy standards for provider directories in 2018. Consumers need accurate provider directory information in order to choose plans and providers. MHBE’s proposed approach allows the3 MHBE, carriers, providers, and consumer to work together to improve provider directories.</p> <p><u>Additional Provider Directory Comment</u></p> <p>The Draft Letter to Issuers does not include implementation of all recommendations by the Network Adequacy and ECP Workgroup, as not all the recommendations related to plan certification standards. However, MASBHC thought it would be useful to go on record regarding the recommendation that the CRISP Provider Directory include program or community health center names, in addition to individual practitioner names. MASBHC fully supports this recommendation, as consumers may search for a school-based health center name rather than the individual practitioner’s name. If consumers are to benefit fully from the proposed ECP requirements, they will need information on which ECPs are in a carrier’s network.</p>

## **H. Essential Community Providers**

### **i. Essential Community Provider Definition**

MASBHC strongly supports the inclusion of school-based health centers in the definition of ECP.

- 1. Important in Ensuring Access for Children:** MASBHC's highest priority is to ensure that children have access to health care services. To support this goal, MASBHC advocates for policies that broaden the inclusion of school-based health centers in the networks of MCOs and carriers.

In the Medicaid program, school-based health centers may be in-network and reimbursed accordingly. However, a school-based health center may also be reimbursed for many self-referred services (COMAR 10.09.68.03) when a school-based health center is not part of the MCO's network. This provision means that all children who are Medicaid beneficiaries have coverage for most school-based health center services.

MASBHC is concerned about the number of children who will churn between Medicaid and QHP coverage. We want to ensure that children will have consistent access to school-based health center services. Expanding the definition of ECP will facilitate the inclusion of school-based health centers in more QHP networks. Thus, the expanded definition will help promote access to services for children, particularly underserved children who need school-based health center services.

- 2. Consistent Policies in ECP Definitions:** There are about 80 school-based health centers in Maryland that are sponsored by federally qualified health centers, local health departments, local boards of education, hospitals, and other community organizations. Under the federal definition of ECPs, those SBHCs that are eligible for the 340(B) program are considered ECPs. All SBHCs that are sponsored by FQHCs are ECPs because they meet the criteria for the 340(B) program. Some SBHCs sponsored by local health departments and hospitals may be ECPs if those sponsoring organizations meet the criteria for the 340(B) program. No SBHCs sponsored by local boards of education or other community organizations are likely to be 340(B) eligible. **This patchwork definition of ECP eligibility is confusing to SBHCs, carriers, and State regulators alike.** A consistent ECP policy that included all SBHCs in the ECP definition would:

- Notify carriers that all SBHCs are ECPs. We believe the confusion over ECP status creates

barriers for the development of QHP-SBHCs relationships;

- Allow for the MHBE to include all, not just some SBHCs, in its evaluation of whether QHPs are meeting ECP standards;
- Enhance the State’s ability to develop other policies and programs to increase access to services and reduce health disparities through SBHCs. Reaching this goal is more challenging if only a portion of SBHCs are considered ECPs; and
- Enhance the capacity of local health coalitions to develop and implement plans to expand access and reduce health disparities through SBHCs.

3. Provision Regarding Ability to Meet Credentialing Requirements: The proposed ECP definition includes a provision that a provider must be able to be credentialed in order to be considered an ECP. The draft 2017 Issuer Letter also notes that the MHBE will evaluate in the future on whether this provision is necessary.

MASBHC appreciates that the MHBE has included the credentialing provision to address carrier concerns that some ECPs may not be ready to be part of commercial networks. MASBHC believes this provision will ultimately not be necessary, as the ECPs under the expanded definition generally already participate in MCO networks. Credentialing requirements for commercial carriers and MCOs are virtually identical. MASBHC would be happy to work with the MHBE and carriers on this question.

ii. ECP Network Inclusion Standards

MASBHC strongly supports adopting ECP inclusion standards modeled after the standards for federally-facilitated exchanges (FFE). These standards will help ensure that historically underserved populations will continue to have access to their providers.

MASBHC notes that many of the carriers with Maryland QHPs already meet the FFE standards in other states.

