



American Physical Therapy Association of Maryland

August 19, 2020

Maryland Insurance Administration
200 St. Paul Place
Baltimore, MD 21202
Networkadequacy.mia@maryland.gov

RE: COMAR 31.10.44 Network Adequacy Regulations

On behalf of The Maryland Chapter of the American Physical Therapy Association (APTA Maryland) we thank the Maryland insurance Administration (MIA) for opening a thorough review and discussion of Maryland network adequacy regulations. Ensuring that the regulations are working as intended is critically important especially in these uncertain times of the Covid-19 pandemic.

APTA Maryland represents over 1,900 physical therapists and physical therapist assistants in the State. Physical therapists provide essential services in today's health care delivery system. This includes but is not limited to addressing chronic and acute pain through non-pharmacological methods decreasing the reliance on opioid medications; improving recovery times that reduces reoccurrence of injury and disease, and ultimately hospital readmissions; and developing and managing essential rehabilitation programs for survivors of COVID-19. PTs work to improve outcomes which lead to long-term cost savings.

The coronavirus pandemic has resulted in a need for patients, health systems, payers, and providers to pivot and rapidly adopt or expand models and modes of care delivery that minimize disruptions in care and the risks associated with those disruptions. Physical therapists are committed to bringing value to our communities, hospital systems, and patients as we weather this pandemic.

Telehealth:

A key factor in our ability to respond is telehealth. Physical therapists often describe telehealth as a "game changer" that provides access to their services in remote, particularly rural, areas and during inclement weather. Telehealth improves access to physical therapy for patients who have mobility issues. Telehealth is also a great way to get specialists and sub-specialists into communities that would otherwise lack access. Telehealth has been shown to improve access to care for rural populations, as well as outcomes for a variety of health problems, including chronic pain, stroke recovery, pediatric conditions, and joint replacement. We believe that this effort can alleviate additional stress on our medical system at this time when the focus needs to be on those with serious health issues that require the unique care of our hospitals.

We know that this will be a topic of ongoing discussion, but we cannot emphasize enough how vital it is during this time. In the context of these discussions regarding network adequacy, telehealth is an important tool yet not a replacement for network participation.

The current insurance landscape:

Physical Therapists routinely participate with commercial insurance plans, Medicare and Medicaid. Under Maryland law and regulation physical therapists are direct access providers and can bill independently for patient visits. There is not a requirement that patients be referred to receive our services. The referral practice is common but is not a requirement.

A central tenet of APTA Maryland's mission is to improve patient access to care. As noted above and as cited in the medical literature, PTs involvement in patient care improves outcomes and reduces cost and strain to the healthcare delivery system.

Frequently, we and our patients encounter challenges with commercial carriers through the imposition of high cost and wide-ranging copay and cost share requirements. This gets to a point where in some cases more than 50% of the PT's reimbursement comes not from the insurer but the patient through cost share fees imposed by the insurer. This becomes a tremendous financial barrier to care when the patient is asked to pay more out of pocket than what the insurer reimburses the PT.

Another barrier to patient access is limitations insurers may impose on the number of covered visits within a certain time period and/or limited to the duration of treatment for a particular condition. These type of limits within a patient's policy with an insurer lead to a decline or unnecessary delay in treatments.

While the subject of the moment is network adequacy, the broader picture of the insurance contracting landscape for PTs is important to establish. Necessary revisions and updates to the network adequacy regulations can be a helpful step forward in addressing the overall PT – Insurer relationship. Our recommendations are as follows:

31.10.44.04 Travel Distance Standards:

A.(5) & B.(5) Chart of Travel Distance Standards

- Add:**
1. "Physical Therapist" under Provider Type in both charts.
 2. Travel distance standards to match that of surgical service facilities (10/30/60)

Rationale: PTs play an important role in the healthcare delivery system: improving patient outcomes and reducing system costs. As the pandemic further highlights the need for improved population health, PTs more than ever are being called upon to provide critically important chronic care and preventative care services. Inclusion on this chart ensures that insurers make available networks that reflect the needs of patients, and that recognizes the importance of services provided by PTs.

The travel distance standards should match that of surgical service facilities, as a significant portion of our patients come to us post operatively and makes sense to mirror those travel standards.

Thank you for your consideration of our comments and recommendations above. We stand ready to work with the MIA to improve not only the network adequacy regulations, but the broader landscape between provider and insurer to the benefit of our patients and the citizens of Maryland.

Sincerely,

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