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David Cooney, Associate Commissioner for Life and Health
Maryland Insurance Administration
200 St. Paul Place, Ste. 2700
Baltimore, MD 21202

Dear Mr. Cooney:

CareFirst BlueCross BlueShield (CareFirst) appreciates the opportunity to provide comments on the questions proffered by the Maryland Insurance Administration (MIA) in advance of its June 18, 2021 public meeting on its draft proposed network adequacy regulations (COMAR 31.10.44).

CareFirst offers two general comments in response to these questions.

First, whether a carrier's network is adequate should not be determined by metrics that are based on individual member preferences as to care modality or provider demographics; rather, network adequacy standards should measure how a carrier's network accounts for the entire breadth and scope of modalities, providers, and facilities available to deliver medically appropriate services. Standards are necessarily broader than preferences – they ensure a variety of care options is available to all plan members, regardless of what any individual member prefers and selects for their care. Measuring network adequacy against individual preferences will artificially skew networks to the momentary preferences of members that are surveyed, without regard for the diversity of preferences that exist across a plan's broader membership, or the changing needs of our member population. The best way to ensure that ***all*** members have access to medically appropriate care provided through their preferred modality is to measure adequacy based upon on the entire breadth and depth of services available.

Second, access to telehealth should be treated the same as access to in-person care for the purposes of measuring network adequacy. As the MIA is aware, Maryland now requires carrier coverage of medically appropriate care provided via telehealth, including audio-only encounters, at payment parity with in-person care for all commercial and Medicaid plans in the State. Through these actions, the General Assembly expressed the public policy preference of treating telehealth as the equivalent of in-person care. The MIA should mirror this approach in network adequacy standards and treat medically appropriate telehealth the same as a medically appropriate in-person doctor's visit.

We look forward to further discussing these and other concepts under consideration concerning the draft proposed regulations.

Sincerely,

Deborah R. Rivkin