Maryland
Hospital Association

July 16, 2021

Kathleen Birrane, Commissioner
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Emailed to: NetworkAdequacy.MIA@maryland.gov

Re: Comments on Network Adequacy Work Group Meeting on June 18, 2021

Dear Commissioner Birrane:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on the issues discussed at the Maryland Insurance Administration's (MIA) June 18 Network Adequacy Work Group meeting. MHA commends MIA for their thoughtful inclusion of telehealth to supplement network adequacy efforts. As we learned from the COVID-19 catastrophic health emergency, telehealth is a valuable and effective tool to boost health care access. Additionally, it is a critical component to ensure patients receive the right care, at the right place, and at the right time. The consideration of patient choice is inherent within the commitment to get patients care at the "right place." With the combination of the Preserve Telehealth Access Act's (PTAA) key protections against third-party vendor telehealth requirements and MIA's oversight of how telehealth may complement—but not replace—network adequacy standards, we look forward to greater care access for all Marylanders.

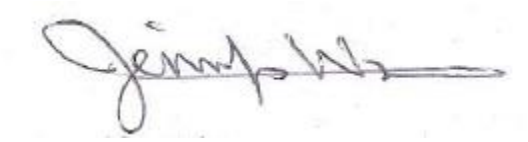
To guarantee the ability to receive the "right care," carriers must have robust networks that include providers offering both telehealth and in-person services. Services in both modalities must be equally accessible, and we urge MIA to ensure all forms of telehealth, from remote patient monitoring to audio-visual interactions, are considered in carriers' coverage requirements and reimbursed fairly. During the 2021 legislative session, MHA strongly advocated for the reimbursement parity provisions for telehealth and in-person visits in PTAA, recognizing that providers must be sufficiently reimbursed for the effective care they deliver, regardless of modality. Fair and competitive reimbursement at parity will ensure providers are incentivized to join carrier networks, thus broadening the care options available to members and enrollees.

Finally, to meet the criteria of getting patients care at the "right time," any measures to determine wait-time standards should not impose undue administrative burdens on providers who are already working to schedule patients as quickly as possible. We hope MIA carefully considers the frequency of carrier outreach to providers, as well as the content of the outreach, to ensure resources are used as efficiently as possible. Regarding MIA's proposal to adopt telehealth credits for wait-time standards, we suggest that any such proposal include a concurrent

requirement for carriers to continue documenting their efforts to build out their in-person networks as well, so that patients are afforded the widest array of care options.

MHA greatly appreciates MIA's efforts to improve health care access for commercially insured members and enrollees, and we look forward to our continued partnership in furthering the health of all Marylanders.

Sincerely,



Jennifer Witten
Vice President, Government Affairs