

March 24, 2023

Mr. David Cooney
Associate Commissioner, Life and Health
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202

Dear Associate Commissioner Cooney:

The UnitedHealthcare (“UHC”) carriers are providing this letter in response to the Maryland Insurance Administration (“MIA”) request for comments on the MIA Network Adequacy draft proposed regulation.

We would like to incorporate by reference the following from our previous letter dated August 15, 2022: our introductory comments located on the first page of that letter, and our comments under the headings of .04 Filing and Content of Access Plans, .08 Telehealth, and .09 Network Adequacy Waiver Standards. We would also like to specifically reiterate herein that we oppose several sections and/or subsections of the draft proposed regulation (hereafter “regulation”) and believe them to be unduly burdensome.

Additional comments are included below, and some are provided in bullet point format. Applicable language from the regulation is also included below and is provided in *italic* format.

.04 Filing and Content of Access Plans

C. Each annual access plan filed with the Commissioner shall include the following information in the standardized format described on the Maryland Insurance Administration’s website:

...

(3) A description of out-of-network claims received by the carrier in the prior calendar year, which shall include:

...

(e) For each provider type and geographic area described in §C(3)(d) of this regulation, the following information regarding requests to obtain a referral to an out-of-network provider in accordance with Insurance Article, §15-830, Annotated

Code of Maryland: . . . (v) The number of single case agreements requested between the carrier and an out-of-network provider; . . . (vii) The percentage of out-of-network claims received for which a single case agreement was requested between the carrier and an out-of-network provider . . .

- Both the single case agreement and claims data referenced in these proposed requirements cannot be identified, compiled and/or provided from the data that we have. Also, we believe these proposed requirements are unduly burdensome.

.05 Travel Distance Standards

Regarding the travel distance standards by provider type found in (5)(A)(5), clarification is needed on how a carrier is to account for psychiatry providers that do not fall into one of the following categories: Psychiatry-Adolescent and Child, Outpatient; Psychiatry-Geriatric, Outpatient; and Psychiatry-Outpatient. These psychiatry categories are overly specific and may generate adequacy issues even when a carrier has a sufficient number of psychiatrists in their network that meet applicable travel distance standards. If these categories are to be used, additional detail is needed from the MIA on how providers can or should be counted with regard to provider type. For example, if a psychiatry provider renders services to both adolescent and geriatric individuals, it is unclear whether that provider should only be counted once or if that provider can be counted multiple times due to matching multiple provider type categories.

.06 Appointment Waiting Time Standards

(4) The minimum sample size for the random selection of provider offices described in §A(3)(a) of this regulation shall be equivalent to the lesser of:

(a) Fifty percent of the participating providers qualified to provide the services for each of the appointment types listed in §A(2) of this regulation;

. . .

- We oppose the percentage change from ten percent to fifty percent. It is unclear why this change was made. Even though “lessor of” language is used, this change could require even more outreach than proposed in the previous draft regulation.

We also oppose (6)(A)(5) in its entirety. It is our understanding that this regulation would now require carriers to survey providers twice a year (i.e. semiannually), as opposed to the current requirement to survey providers once a year (i.e. annually). The proposed language in (6)(A)(5) would create another survey requiring carrier compliance and generate additional costs in an amount that is currently indefinite or unclear. We believe these new and additional proposed survey requirements are unduly burdensome.

UHC appreciates the opportunity to provide comments on this regulation. Please let me know if you have any questions or need additional information.

Regards,

Joseph Winn

Joseph Winn
Vice President, External Affairs
UnitedHealth Group