September 7, 2021

Submitted via e-mail to InsuranceRegReview.MIA@Maryland.gov

Director of Regulatory Affairs
The Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202

Re: Forms for Reports on Nonquantitative Treatment Limitations and Data

Dear Director of Regulatory Affairs:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on the proposed forms for carrier reporting on non-quantitative treatment limitations (NQTLs). MHA supported the initial legislation, Senate Bill 334 and House Bill 455, which created this requirement for carriers to provide consistent, detailed reporting on NQTLs within their plans. This information is instrumental for hospitals and providers to better collaborate with insurers to support patients through the care continuum and helps ensure patients have optimal access to critical services. Moreover, the Statewide Integrated Health Improvement Strategy (SIHIS)—as part of the Maryland Total Cost of Care Model—includes treatment and prevention of mortality from opioid-use disorder as an identified goal within its population health domain.

We appreciate MIA's inclusion of reimbursement rates in NQTL reporting requirements. MHA members recognize the disparity between reimbursement rates for somatic and behavioral health (BH) services contribute significantly to the BH workforce shortage in Maryland. In 2019, a Milliman study found that preferred provider organization plans in Maryland had drastically greater differences in parity—even higher than the national average—as far as 2013.[1] Requiring carriers to report on their reimbursement rates would help shed light on current practices and provide information on whether payment disparities improved since the study was completed.

In addition to collecting carriers' NQTL reports, MHA urges MIA to further increase transparency in releasing information from the reports on documented parity violations. We recognize the proprietary nature of some of the information. However, we believe portions of the completed reporting forms may be released without disclosing proprietary information in a meaningful way to allow stakeholders and the public to identify how the violations may have impacted them and work with carriers to resolve those disparities.

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[1] See Appendix B-20, assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf.

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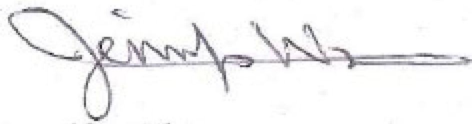
MHA supports actions by MIA to prioritize access to behavioral health services and address parity violations. We look forward to our continued collaboration on these issues with both MIA and all stakeholders. Please contact us if you need additional information.

Sincerely,



Jennifer Witten
Vice President, Government Affairs