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November 7, 2016

Nancy Grodin  
Deputy Insurance Commissioner  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202

Dear Deputy Commissioner Grodin:

I write in response to testimony that was offered at the October 6 Network Adequacy hearing that specifically called into question my previous testimony of CareFirst's outreach and participation of methadone clinics and behavioral health providers in our network. The statistics and testimony provided here will differ vastly from what Ms. Weber offered at the last hearing, which highlights the difficulty of creating access standards in a way that does not penalize carriers who have undertaken serious efforts to expand their networks.

As I have previously stated at numerous hearings, access standards will not increase access.

Developing hard ratios or time and distance standards will not increase access in places where there is either a shortage of licensed practicing providers, or in places where providers simply are unwilling to contract with commercial carriers.

In her oral and written testimony, Ms. Weber correctly stated that I testified that 40 methadone clinics were contacted to join our network. Of those 40 contacted, CareFirst heard back from 8. Of those 8 that responded, 4 were interested in joining our network. Ms. Weber continued to state that she conducted her own survey to determine whether opioid treatment programs (OTPs) were contacted by Magellan, and if so, whether they had responded to the outreach or if they were interested in joining a network.

Ms. Weber's survey contacted 72 of the state's OTP's listed on the Behavioral Health Administration's list, and reported that she received a response from 24. Of the 24 respondents, 19 stated they were not contacted about becoming a network provider. Additionally, 17 of the 19 respondents reported that they were interested in joining the network. At the request of 8 OTPs interested in contracting with CareFirst, Ms. Weber has shared their names and contact information with CareFirst.

Of the 8 OTPs whose information that Ms. Weber shared with CareFirst, the following is true:

- 3 received a letter identifying the provider as an Essential Community Provider (ECP) and invited them to join our network.
- 2 received both the ECP and methadone letter inviting the OTP to contract with CareFirst.
- 1 is currently in the CareFirst network.
- 1 received the ECP letter and is in the process of contracting.
- 1 received no contact from CareFirst.

Utilizing the same list of 72 OTPs that Ms. Weber used in her survey, I would like to clarify, and put into context, the following facts:

- CareFirst, not Magellan, as Ms. Weber's survey asked, conducted a mailing to the 72 OTPs
- 24 of the 72 OTPs are already in the CareFirst network, or are in the process of joining.
- 6 of the OTPs received a letter in the mail asking them to join the CareFirst network to provide methadone maintenance services.
- 13 of the OTPs received our ECP letter, inviting them to join our network. CareFirst has sent a similar letter each year since 2012 to those providers we believe meet the definition of an ECP inviting them to join the network.
- 22 more received both letters to join as a methadone maintenance provider and as an ECP.
- 7 of the OTPs were not contacted by CareFirst at all. These providers will be contacted by CareFirst.

Considering the facts listed above, 65 of the 72 OTPs (90%) are either in our network, are in the process of joining the network, or were contacted by CareFirst with at least one mailing. All letters mailed to the OTPs were sent to the same address that is reflected on the Behavioral Health Administration's list, and included a direct contact name at CareFirst and email address, should any of the OTP recipients have questions, need clarification, or request further information that was not listed in the letter regarding joining a CareFirst network. I have provided Ms. Weber with the contact name, email address, and phone number for the CareFirst representative who would be able to help any OTP join the CareFirst network.

I would also like to provide an update on what has transpired since my last testimony. CareFirst now has 14 methadone clinics with 24 locations throughout the state in our network. I testified that we were in the process of contacting the highest volume non-participating behavioral health groups (600 groups) that are currently seeing CareFirst members. As of July, I reported that we contacted groups informing them of our fee increase, an aggregate 33% increase across all networks for psychiatrists and an aggregate 22% for psychologists, and invited these providers to join our network. Of the groups contacted, 80% either turned down our offer or were non-responsive to multiple phone calls and mailings.

Since July, we have completed outreach to all 600 groups. Of those 600 groups:

- 55% of the groups were non- responsive after at least three attempts to reach.
- 37% of the groups indicated that they will not accept insurance.
- 8% of the groups could not be located based on the contact information provided on their claims submission.
- Less than 1% of the groups were successfully recruited into one of CareFirst networks.

In summary, CareFirst has taken extensive measures to invite providers to join the CareFirst network by increasing provider reimbursement fees for behavioral health providers, and reaching out at least three times to those providers we know to be actively seeing CareFirst members. In total, 92% either turned down our offer or were not responsive to multiple outreach attempts.

Please contact me if you have any questions or would like to discuss further.

Sincerely,

A handwritten signature in cursive script that reads "Deborah R. Rivkin".

Deborah R. Rivkin