

# FAQs on Maryland's Provider Network Standards for Substance Use and Mental Health Care in Private Insurance



Maryland has updated its private health insurance provider network standards to improve access to substance use disorder and mental health care. These new rules will help make addiction and mental health treatment covered by private insurers more affordable and accessible by requiring reasonable appointment wait times and travel distances.

## *Do the updated standards apply to me?*

The updated standards apply to Marylanders with private health insurance plans regulated by the Maryland Insurance Administration (MIA). This includes individual and family plans purchased on the Maryland Health Benefit Exchange or through a private insurance broker, as well as health plans provided by your employer if the plan is purchased from a Maryland insurance company.

These protections do not apply to you if you have Medicaid or Medicare, or if your employer is based in another state or uses a non-Maryland insurance company. Contact your employer's human resources (HR) department or your insurance company to determine if you have a state-regulated plan.

## *What do the new rules require of my health insurance plan?*

The new rules require that your insurance plan meets appointment wait time and travel distance standards, described more fully below. Under the rules, you have a right to a **timely appointment** for in-person care with a treatment provider that is within a **reasonable travel distance** from your residence.

## *How quickly should I be able to get an appointment for substance use disorder or mental health care?*

You should be able to get an appointment for urgent substance use and mental health care, both in-patient and outpatient services, within 72 hours of your request. For non-urgent care, you should be able to get an appointment within 10 days of your request.

## *All available substance use disorder or mental health care providers are far from where I live. Is that a violation of the rules?*

It may be. For most Maryland insurance plans, you should be able to find to a substance use or mental health care provider within 10 miles of your residence in an urban area, 25 miles in a suburban area, and 60 miles in a rural area.

If you have a Kaiser Permanente health insurance plan, your travel distance may be further: within 15 miles of your residence in an urban area, 30 miles in a suburban area, and 75 miles in a rural area.

Some providers offer telehealth services that you can use from your residence.

## *I am having trouble finding a network psychiatrist that can help my child. Does that violate these rules?*

Yes, your plan is required to have psychiatrists with expertise in adolescent care in network within the travel time/distance and appointment wait time standards. If it does not, you can request approval from your insurance plan to go to an out-of-network provider.






## ***What is the difference between an in-network provider and an out-of-network provider?***

In-network providers have a contract with your insurance company to deliver mental health and substance use treatment services. If you receive a covered service from an in-network provider, you will only pay your deductible and any applicable copay or coinsurance.

An out-of-network provider does not have a contract with your insurance company to provide services. Depending on your health plan, you may be required to pay the entire cost of out-of-network care or the portion of the provider's bill that your insurance plan does not pay.

## ***What do I do if I want to see a provider in-person but my insurer wants me to take a telehealth appointment?***

You have a right to receive in-person care within the wait time and travel distance standards, if that is your preference. Your insurer cannot require you to see your substance use or mental health provider via telehealth. Ask for an in-person appointment - if your health plan will not honor your request, seek help through the HEAU or MIA (contact information below).



## ***What can I do if my plan does not have a provider who can treat my condition or see me quickly and close to my home?***

If you cannot find a network provider who will see you within the wait time and travel distance standards or has the skill needed to treat your condition, you can ask your health insurance plan for approval to see an out-of-network (or non-network) provider. If your carrier approves your request to see an out-of-network mental health or substance use treatment provider, you will pay no more than the cost of an in-network provider. More information can be found at [bit.ly/MDbalancebilling](https://bit.ly/MDbalancebilling).



## ***How do I prove to my health insurance plan that I could not find an in-network provider who could see me within the required appointment wait time and travel distance?***

Write down your efforts to contact providers in your network, including when you called and whether they could offer you an appointment that would meet your needs. Keep track of which providers in the health plan directory do not answer, are not accepting new patients, or do not have appointments within the required time frames. This information will help you demonstrate to your health insurance plan that you need to see an out-of-network provider.



## ***What if I am still having trouble getting mental health and substance use care that meets my needs?***

You can call the Health Education and Advocacy Unit (HEAU, part of the Maryland Attorney General's Office) at 1-877-261-8807 for help resolving an issue with your health insurance plan. They can also help you if your health plan does not approve your request to see an out-of-network provider, or if you were charged more than what you would have owed if you had seen an in-network provider.

You can also file a complaint with the HEAU at <https://bit.ly/MDHEAUcomplaint> and/or with the Maryland Insurance Administration (MIA) at <https://bit.ly/MIAfilecomplaint> or by calling 1-800-492-6116.