

To increase their profits, health insurers are using tactics that significantly increase administrative burdens and costs for physicians while jeopardizing patient care. Two tactics are "downcoding" and delays in credentialing. Recent "downcoding" practices occur when a health insurer automatically changes a physician's submitted billing code to a lower-level or less expensive service code, resulting in a lower payment for the physician and placing the burden on physicians to dispute the reduced payment. Maryland's credentialing law is antiquated and allows an insurer 30 days to indicate whether they will consider the physician's application once it is completed, and then up to an additional 120 days to make a final decision. Delays in credentialing can negatively impact a physician's ability to join an insurer's network, thereby affecting network adequacy and patient access to care.

Maryland must ensure health insurers are held accountable for downcoding and credentialing delays that compromise patient access to care.

Issue

Maryland's healthcare environment is currently in a precarious state. According to the Maryland Health Care Commission's (MHCC) Insurer and Provider Concentration in Maryland report, commercial payment rates in Maryland are the third lowest in the nation, surpassed only by those in Delaware and Alabama. Equally concerning is the rapid decline in independent physician practices across the state. Between 2018 and 2023, Maryland experienced a 45.9% decrease in independent physician practices. This trend reflects declining payment rates, unfair payment tactics, increasing administrative burdens, and consolidation pressures. If physician practices continue to close or if Maryland cannot attract physicians to practice in the state, access to necessary health care services will be at risk. This reality is already evident with Maryland experiencing a shortage of medical specialties and patients facing long waiting times for appointments.

MedChi Advocacy

Support reforms to hold health insurers accountable for unfair policies and practices, such as automatic payment reductions (e.g., downcoding) and unnecessary credentialing delays, that disadvantage physician practices and restrict patients' access to timely, high-quality care.