MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 25-19

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Payor Physician Rating Systems

Whereas, physicians in Maryland are being rated, both externally and internally, by health insurance companies; and

Whereas, the National Committee for Quality Assurance (NCQA) currently enjoys a monopoly in the State of Maryland regarding the standards by which physicians are assessed and rated; and

Whereas, physicians in Maryland are being asked by payors to refer only to physicians with a specific rating, regardless of their own expertise in assessing a patient’s needs; and

Whereas, a lack of transparency and a lack of ongoing education of physicians by health insurance companies contributes to a lack of clarity on the methodology used to rate physicians; and

Whereas, physicians in Maryland are not adequately educated on the appeals process to dispute a rating or the appeals process is onerous and burdensome; and

Whereas, all physicians throughout Maryland look to MedChi to advocate on their behalf for the ability to practice medicine in the State of Maryland; therefore be it

Resolved, that MedChi initiate a formal process between Maryland physicians and private health insurance payors by which both parties can develop a mutual understanding of the link between physician ratings and payment rates and create an appeals process that is streamlined and easy to utilize; and be it further

Resolved, that MedChi actively collaborate with the Maryland Health Care Commission (MHCC) and Maryland Insurance Administration (MIA) to create online and print resources for physicians including a summary of the current statute, an explanation of physician ratings systems by payor including the methodology used by the payor, the appeal process for physicians to dispute a rating, and payor-specific contact information for the department/division which addresses physician questions about rating systems; and share these resources with the membership as soon as possible.

As amended and adopted by the House of Delegates at its meeting on November 2, 2019.