October 28, 2014

Honorable Ted Nickel
Chair, Regulatory Framework (B) Task Force
National Association of Insurance Commissioners
444 North Capitol Street NW
Suite 700
Washington, DC 20001
Attention: Jolie H. Matthews, Esq.

Dear Mr. Nickel:

The American College of Mohs Surgery (Mohs College) represents more than 1,200 Mohs micrographic surgeons who have successfully completed extensive fellowship-training in Mohs micrographic surgery following their dermatology residency training. Mohs Micrographic Surgery is the most effective and efficient treatment for advanced or difficult to treat skin cancers. In line with its mission, the Mohs College sets and promotes the highest standards of patient care relating to Mohs micrographic surgery.

The Mohs College continues to address an ever growing epidemic of skin cancer, where more than one in five Americans will develop skin cancer in their lifetime. However, several impediments limit our ability to continue providing the most integrated, coordinated, high quality and cost-effective skin cancer care and treatment options available. In particular, **we are concerned with the move toward “narrow networks” by Medicare Advantage (MA) and Health Insurance Marketplace or Exchange plans.** By establishing or moving toward these skinny networks, plans limit the number and type of providers they contract with in an effort to cut cost and maximize profit, eliminating some specialties like Mohs surgeons, altogether. Excluding Mohs surgeons from health plan provider networks has created significant access-to-care challenges for patients with skin cancer. In fact, Mohs surgeons that have been excluded from health plan provider networks are seldom offered an explanation regarding the circumstances for their termination, nor are they afforded a reasonable opportunity to dispute or challenge the decision.

It is for these reasons we are writing to provide input on the **Draft Individual Market Health Insurance Coverage Model Regulation** and the **Draft Small Group Market Health Insurance Coverage Model Regulation.** We believe your draft models present an opportunity to ensure that patients are not caught off guard about the availability of physicians, particularly those who are specialists and subspecialists.

To that end, **we urge NAIC to incorporate model language that requires health plans to ensure patients have access to specialists and subspecialists as part of the health plan in which they are enrolled.** This may require plans to better identify specialty physician specialties and subspecialties to ensure they have the necessary mix of providers available for their enrollees. The National Uniform Claims Committee (NUCC) has developed alphanumeric codes that help distinguish between specialists and subspecialty physicians, which may be useful to health plans in carrying out this endeavor. These codes are routinely used by the Centers for Medicare and Medicaid Services (CMS) in the Medicare program to recognize specialty and subspecialty physicians. Calculations of network adequacy and access to specialist care should be transparent and readily available from the insurer.
Similarly, we urge NAIC to incorporate model language that requires health plans to ensure provider network directories are easily accessible via the health plans web site and in a format that allows the plan to keep the directory current, such as linking it to their internal provider network databases that are routinely “refreshed” or in real-time. At any time, a patient should be able to query the database to determine if a specific physician or physician specialty or subspecialty is in the plan’s network. The directory should include a feature that allows patients to search by physician specialty and subspecialty (i.e., the directory should be able to distinguish between a dermatologist and a Mohs micrographic surgeon, which is a subspecialty of dermatology).

The Mohs College urges NAIC to incorporate model language that requires health plans to provide reasonable notice regarding termination of a provider’s in-network status, including a clear and detailed rationale for the decision, along with the supporting data and information outlining the basis for which the plan made its decision to terminate the physician, as well as a reasonable opportunity to dispute the termination and seek re-entry into the plan’s provider network. We oppose any language that would allow health plans to terminate a provider from their network without cause or based exclusively on cost, without consideration of clinical quality and outcomes.

Finally, because of the importance and intricacy of issues related to network adequacy, and given many organizations did not have sufficient notice as to the availability of the NAIC draft models or time to prepare a meaningful response, we urge NAIC to delay any finalization of the model regulatory language and extend the comment period to allow time for additional input on the language and implications of implementation. We urge you to expand your outreach efforts to ensure more healthcare provider organizations are made aware of the notice and comment opportunity on the models.

Thank you for the opportunity to provide continued input on this important issue, and we look forward to providing more detailed recommendations as the development of the draft models continues. Should you have any questions, please contact Emily L. Graham at egraham@hhs.com or 703-975-6395.

Sincerely,

J. Ramsey Mellette, MD  
President, ACMS

Brent Moody, MD  
Chair, ACMS Public Policy Committee