January 9, 2014

J.P. Weiske, Chair
Network Adequacy Model Review (B) Subgroup
National Association of Insurance Commissioners
701 Hall of the States
444 North Capitol Street NW
Washington, DC 20001-1509

RE: Health Benefit Plan Network Access and Adequacy Model Act

Dear Chairman Weiske:

As President of the American Society for Dermatologic Surgery Association (ASDSA), a surgical specialty organization representing nearly 6,000 physician members, I appreciate the opportunity to provide input on the National Association of Insurance Commissioners’ (NAIC) Health Benefit Plan Network Access and Adequacy Model Act.

As the largest dermatologic surgery association in the country, the ASDSA is very concerned about the impact on patient access to care associated with the narrowing of provider networks, particularly as it relates to skin cancer surgery. Our dermatologic surgeons often treat some of the sickest and most complex cases related to skin cancer and the subsequent removal of tissue in complicated Mohs surgery procedures. With that in mind, we respectfully request the revisions described below.

Section 3. Definitions

We believe specific definitions must be made for “specialization,” and “board certification,” both of which are referenced later in the Model Act. Additionally, we believe additional definitions should be created for “subspecialty provider,” and “physician,” which will be explained as we address the relevant sections in this letter. Suggested definitions are as follows:

“Specialty provider” means a physician who has successfully completed a residency or fellowship training program which is accredited by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.

“Subspecialty provider” means a physician whose scope of residency or fellowship training encompasses the treatments, conditions, or procedures for which subspecialization is being claimed.

“Board certification” means either
i) certification by a member board of the American Board of Medical Specialties or the American Osteopathic Association; or

(ii) Requisite successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education or the American Osteopathic Association that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the American Board of Medical Specialties or American Osteopathic Association board for that training field and further successful completion of examination in the specialty or subspecialty certified.

“Physician” means licensed medical doctor or doctor of osteopathic medicine.

Section 5. Network Adequacy
Insurers have a responsibility to patients to provide comprehensive and timely access to primary, specialty and subspecialty care. Provider networks that do not have an adequate number of contracted physicians and other health care providers in each specialty, subspecialty and geographic region deprive patients’ access to contractually entitled benefits. Of particular concern to ASDSA is access to dermatologists qualified and willing to perform skin cancer surgery. Any decision with regard to physician evaluation or network inclusion should take into account comparative effectiveness of treatment. While some treatments or procedures may be more costly in the short term, their high cure rates save healthcare system costs in the long run. As such, we propose the amendments that follow.

B.  
1. Provider-covered person rations by specialty and subspecialty;
8. The volume of technological and specialty services available to serve the needs of covered persons requiring technologically advanced or specialty, or subspecialty care.

With regard to Section 5 F 1, care should be taken to ensure that telehealth and telemedicine provisions are not considered an adequate substitute for in-person care by a physician. This could be addressed within the drafting note for this section.

Section 6. Requirements for Health Carriers and Participating Providers
Too often, physicians are being terminated from networks in the middle of a plan year, making it very difficult for patients to keep their doctors as they would be subject to often very high out of network out of pocket costs that most cannot afford and they are not able to change plans in the middle of the plan year to one that has their doctors in it. Provider terminations should be carried out with an effective date that occurs during the plan open enrollment period. This way patients will have the option of changing their doctor to one within the network or to switch their plan to one that has their current doctors within it. Enough notice should be given by the insurance plan to patients before provider terminations are final to allow the patient to make decisions about the best way to proceed to get their continuing health care. We respectfully request the following changes be made to ensure adequate notice and recourse for patients and providers:
A. A health carrier shall establish a mechanism by which the participating provider will be notified on an ongoing basis, with no less than 90 days advance notice of any material change, of the specific covered health services for which the provider will be responsible, including any limitations or conditions on services.

F. (3) (b) That would exclude providers because they treat, or specialize, or subspecialize in treating populations presenting a risk of higher than average claims, losses or health care services utilization; or

L. (1) (a) A health carrier and participating provider shall provide at least sixty (60) ninety (90) days written notice to each other before terminating the contract without cause.

(b) The health carrier shall make a good faith effort to provide written notice of a termination within thirty (30) days of receipt or issuance of a notice of termination to all covered persons who are patients that have seen the provider over the past year or as long as the patient has been insured by the health carrier, whichever is shorter, on a regular basis by the provider whose contract is terminating, irrespective of whether the termination was for cause or without cause.

Section 8. Provider Directories
Patients need accurate directories of in-network physicians. All patients deserve access to an up-to-date provider directory enabling them to make optimal decisions regarding their health care insurance coverage. Similarly, physicians and other health care providers need to be included in a provider directory updated in real time, reflecting their network participation status.

B (1) (d) Specialty and subspecialty if applicable; and

C. For the online provider directories, for each network plan, a health carrier shall include:
(1) The health care professional information in Subsection B(1) that includes search functions and instructions for accessing additional information on the health care professional, such as:
   (a) Hospital affiliations;
   (b) Medical group affiliations;
   (c) Board certification(s) and subspecialization(s) if applicable;
   (d) Languages spoken by the health care professional or clinical staff; and
   (e) Office location(s); and
   (f) Physician office hours at each office location;
D. If a patient has made a decision to participate in a network plan based on provider directory information that is inaccurate or incomplete, the patient should be permitted to terminate or make changes to his or her plan without penalty.

Without the protections outlined above, patients will experience the loss of their established doctor-patient relationships, longer wait times and further distances to see a dermatologist at a time when skin cancer has reached epidemic status.

Thank you for your consideration. Should you have any questions or need further information, please feel free to contact Director of State and Grassroots Advocacy Lisle Thielbar at (847) 956-9126 or lthielbar@asds.net or Director of Federal Advocacy and Practice Support Kristin Hellquist at (847) 956-9144 or khellquist@asds.net.

Sincerely,

George J. Hruza, MD, President
American Society for Dermatologic Surgery Association

cc: Naomi Lawrence, MD, President-Elect
Mitchel P. Goldman, MD, Immediate Past President
Thomas E. Rohrer, MD, Vice President
Abel Torres, MD, Treasurer
Murad Alam, MD, Secretary
Katherine J. Duerdoth, CAE, Executive Director
Kristin Hellquist, Director of Federal Advocacy and Practice Support
Lisle Thielbar, Director of State and Grassroots Advocacy
Jolie H. Matthews, Senior Health and Life Policy Counsel, NAIC