January 7, 2015

Mr. J.P. Wieske
Wisconsin Office of the Commissioner of Insurance
Chair, NAIC Network Adequacy Model Review (B) Subgroup
c/o National Association of Insurance Commissioners
444 N. Capitol St. NW, Suite 701
Washington, D.C. 20001

ATTN: Jolie Matthews, NAIC Senior Health and Life Policy Counsel
RE: DRAFT PROPOSED REVISIONS TO THE MANAGED CARE PLAN NETWORK
ADEQUACY MODEL ACT (11/12/2014)

Dear Mr. Wieske and Ms. Matthews,

The American Telemedicine Association (ATA) appreciates this opportunity to provide comments on the telemedicine related language considered during the Network Adequacy Model Review Subgroup discussions and included in the Proposed Draft Revisions to the Managed Care Plan Network Adequacy Model Act (11/12/2014). We would also like to thank you and the Subgroup members for your interest and support of telemedicine as a health care delivery innovation.

We appreciate your inclusion of our recommended telemedicine definition and other comments on telemedicine related language contained in the proposed revisions. The language recognizes the value of telemedicine as a delivery option that health carriers can use to meet the network access standards and expands the access plan to include processes by which a covered person can access covered benefits at an in-network level via telemedicine if the carrier has determined it appropriate. Our comments on the proposed revisions follow.

Section 8. Provider Directories

ATA proposes the following language in Section 8 Provider Directories as a new subsection to provide covered persons with a description of the plan’s services and features including telemedicine if applicable to the network.

A. (4) The health carrier shall provide information in the provider directory on where to access the plan’s services and features, including but not limited to its process for choosing and changing providers, available interpretive and language assistance services, the plan’s referral and prior authorization procedures, services offered through the preventive care benefit and access to telemedicine, if applicable, and its procedures for providing and approving emergency and specialty care.
This information will help covered persons find accurate information about their plan's providers, processes and procedures before seeking covered services and avoid potential balanced billing by non-participating providers.

The Subgroup also discussed developing Network Adequacy regulations in the future and proposed adding a drafting note regarding telemedicine and the provider directories. The Washington State Network Adequacy Regulation contains a provision that we propose be considered for the regulatory drafting note. The provision is shown below and WAC 284-43-204 Provider Directories is attached for your consideration.

**WAC 284-43-204 Provider Directories**
(5) Information about any available telemedicine services must be included and specifically described.

Providing covered persons and participating providers with a description of available telemedicine services supports appropriate use of telemedicine and expands access to high quality intensive care, specialty care or counseling to consumers, particularly in rural or underserved areas and enhance network adequacy.

The ATA strongly supports inclusion of the telemedicine definition, the access plan telemedicine provisions and the other revisions that reflect care delivery innovations in the final version of the Managed Care Plan Network Model Act adopted by the Subgroup.

Thank you again for the opportunity to share our comments with you. Please feel free to contact me at (202) 223-3333 or jlinkous@americantelemmed.org if you would like to discuss these comments in detail or have any questions.

Sincerely,

Jonathan D. Linkous  
Chief Executive Officer

Attachment: WAC 284-43-204 Provider Directories
WAC 284-43-204 Provider directories.

(1) Provider directories must be updated at least monthly, and must be offered to accommodate individuals with limited-English proficiency or disabilities. An issuer must post the current provider directory for each health plan online, and must make a printed copy of the current directory available to an enrollee upon request as required under RCW 48.43.510(1)(g).

(2) For each health plan, the associated provider directory must include the following information for each provider:

(a) The specialty area or areas for which the provider is licensed to practice and included in the network;

(b) Any in-network institutional affiliation of the provider, such as hospitals where the provider has admitting privileges or provider groups with which a provider is a member;

(c) Whether the provider may be accessed without referral;

(d) Any languages, other than English, spoken by the provider.

(3) An issuer must include in its electronic posting of a health plan’s provider directory a notation of any primary care, chiropractor, women’s health care provider, or pediatrician whose practice is closed to new patients.

(4) If an issuer maintains more than one provider network, its posted provider directory or directories must make it reasonably clear to an enrollee which network applies to which health plan.

(5) Information about any available telemedicine services must be included and specifically described.

(6) Information about any available interpreter services, communication and language assistance services, and accessibility of the physical facility must be identified in the directory, and the mechanism by which an enrollee may access such services.

(7) An issuer must include information about the network status of emergency providers as required by WAC 284-43-252.

(8) This section is effective for all plans, whether new or renewed, with effective dates on or after January 1, 2015.