



American Board of Medical Specialties

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American Board of Medical Specialties
222 North LaSalle Street, Suite 1500
Chicago, IL 60601
T: (312) 436-2600
F: (312) 436-2700

www.abms.org

December 20, 2012

Marilyn B. Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9980-P
7500 Security Boulevard,
Baltimore, MD 21244-1850

Dear Ms. Tavenner:

The American Board of Medical Specialties (ABMS) appreciates this opportunity to comment on the Department of Health and Human Services' proposed rule: CMS-9980-P, regarding "Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation," under the Patient Protection and Affordable Care Act (ACA).

Since its founding in 1933, ABMS and its Member Boards have maintained a rigorous process for assessing physicians and assuring the public that board certified medical specialists have the training, knowledge and skills necessary to provide quality patient care in their specialty. The ABMS Member Boards certify physicians in 24 major specialties and more than 150 subspecialties. Their requirements are now met by more than 80% of practicing physicians in the United States, representing more than 750,000 medical specialists and subspecialists, about half of whom practice in the primary care specialties.

During the past ten years ABMS and its Member Boards launched maintenance of certification, ABMS MOC,[®] to help certified medical specialists maintain and deepen their knowledge, skills and capabilities in their changing medical specialty disciplines. More than 375,000 medical specialists are already actively engaged in their Boards' ABMS MOC programs. Early studies demonstrate a link between the MOC program and high-quality medical practice and underscore the positive relationship between the ABMS Board certification process and quality of care.

The ACA includes provisions specifically dedicated to improving the quality of care and the health of the public. These are goals ABMS shares. We call your attention to two aspects of the proposed Essential Health Benefits Rules that we fear could reduce patient access to quality health care services.

Network Limitations

ABMS supports efforts to strengthen the nation's primary care system, and to improve care-coordination. ABMS's primary care Boards are deeply committed to improving communication and coordination across the continuum of care. Nevertheless, many patients will require specialty and subspecialty expertise to resolve their health problems. Criteria for network

participation should recognize the value of care provided by ABMS certified medical and surgical specialists and subspecialists, and encourage their participation in the networks.

It is anticipated that health plans will establish limited networks to deliver the prescribed benefits under the regulations. We believe overly restrictive networks could impair patients' timely access to needed specialty care, reducing quality, and creating added expense. We urge the Department to clearly specify that access to ABMS certified medical specialists must be available through the essential health benefits offered by participating health plans.

Out of Network Consumer Cost

We are concerned that the proposed treatment of out-of-network costs in the basic benefit plan may have the unintended consequence of inhibiting or preventing patients from seeking care from an appropriate specialist or subspecialist.

Under the proposal, cost-sharing requirements for services provided by physicians outside a plan's network, defined as a provider with whom the insurer does not have a contractual arrangement with respect to the applicable plan, do not count towards the subscriber's annual limitation on cost sharing. If plan networks are very narrowly defined, and do not offer adequate access to Board certified specialists and subspecialists, some consumers may face significant financial hardship in seeking appropriate services.

The rules appear to recognize this problem, noting that plan issuers can voluntarily establish a maximum limit applicable to out-of-network services, and that states can require issuers to do so. Therefore, we encourage the Department to revise this provision to provide better financial protection to patients by establishing limits on cost-sharing associated with care provided by out-of-plan medical specialists and subspecialists.

Plan Transparency and Consumer Information

Finally, we encourage the Department to assure that ABMS certification information is available to consumers through the exchanges to help them decide which networks are best for them and their families. ABMS makes information about the certification status of physicians available and is eager to assure that patients can find out whether their physician is certified and participating in the ABMS Member board Maintenance of Certification programs. ABMS is working with CMS to make this information available on PhysicianCompare and would be pleased to work with states or plans to make such information more widely available.

We appreciate this opportunity to comment on the proposed rule. If you have questions about these comments, please contact Tom Granatir, ABMS Senior Vice President for Health Policy and Public Affairs, 312-436-2683 or at tgranatir@abms.org.

Sincerely,



Lois Margaret Nora, MD, JD, MBA
President and Chief Executive Officer