



American Board of Medical Specialties

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December 19, 2012

Ms. 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 24 Member Boards have maintained a rigorous process for certifying that physicians meet stringent requirements to practice in more than 150 specialties and subspecialties. These requirements are now met by more than 80% of practicing physicians in the United States, more than 750,000 medical specialists, more than half of whom practice in the primary care specialties.

During the past ten years ABMS and our Member Boards launched maintenance of certification, ABMS MOC,® to assist certified medical specialists maintain and deepen their knowledge, skills and capabilities in their rapidly changing medical specialty disciplines. More than 315,000 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 programs and provisions specifically dedicated to improving the quality of care and the health of the public. These are goals ABMS shares. Therefore, we call your attention to two aspects of the proposed Essential Health Benefits Rules that 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. Nevertheless, many patients will require specialty 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 encourage their network participation.

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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.

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 subscribers' annual limitation on cost sharing. If plan networks are very narrowly defined, and do not offer adequate access to Board certified medical specialists, some consumers may face significant financial hardship in seeking appropriate services.

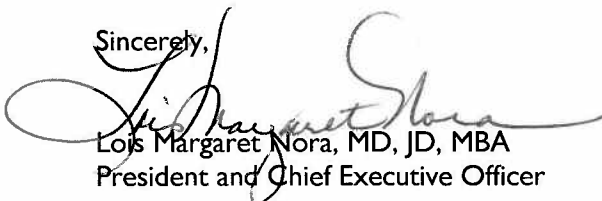
The rules appear to recognize this problem, noting that plan issuers can voluntarily establish a maximum limit applicable to out-of-network services, and that states can require issuers to do so. Therefore, we encourage the Department to revise this provision to provide better financial protection to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

Plan Transparency and Consumer Information

Finally, we encourage the Department to require that ABMS certification information is available to consumers. 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.

Again, we appreciate this opportunity to comment on the proposed rule. If you have comments or questions, please contact Tom Granatir, ABMS Senior Vice President for Health Policy and Public Affairs, 312-436-2683.

Sincerely,



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