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Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Acting Administrator Slavitt:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Draft 2018 Letter to Issuers in the Federally-facilitated Marketplaces. Our comments below focus on network adequacy, specifically network transparency and specialty access.

Network Transparency

As stated in previous comments, the AMA strongly supports CMS' efforts to offer information to consumers about the breadth of health plan networks to help ensure that they purchase a network product that meets their health care needs. The AMA agrees that there is a difference between a narrow network that does not offer access to a coordinated delivery system and a narrow network that does, and therefore supported CMS' proposal in the Proposed Notice of Benefit and Payment Parameters for 2018 to differentiate between the two when identifying network breath.

However, in previous comments, the AMA expressed concern about the use of the alternative essential community provider (ECP) standard at 45 CFR 156.235(b) as the standard by which to identify a plan as part of the integrated delivery system. This proposed definition of an "integrated delivery system" is focused on who employs the physician and not the coordination of care being delivered or the accountability of the network of physicians for their patient population's quality of care. But from the consumer perspective, it is this coordination and accountability of quality care that is most relevant. The definition of the integrated network should incorporate the concept of coordination and accountability, and any network that is identified as such should be offering patients a higher level of quality than the other narrow networks available.

The AMA appreciates the effort by CMS to address our previously expressed concerns with this proposal by offering alternative criteria to identify issuers using an integrated delivery system. The proposed criteria are much more fitting for these purposes than the alternative ECP standard and the focus of the proposed criteria comes much closer to identifying the appropriate distinction between a narrow network and the use of an integrated delivery system. The AMA requests that CMS refrain from using the

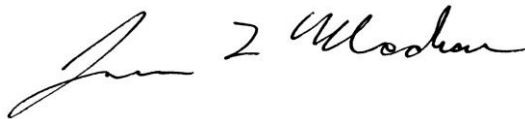
alternative ECP standard and instead focus on the concepts identified in the new proposed criteria to determine when a plan uses an integrated delivery system.

Specialty Access

The AMA strongly supports the proposal by CMS to monitor consumer access to specialty care. We understand that many of the narrow provider network options available to consumers in the marketplaces use provider costs to design their networks. Other factors, such as quality, are not considered in network design.¹ As a result, specialties that treat patients with complex medical needs may not be included in some of these narrow network plans and patients may be deterred from purchasing certain network plans or may face higher costs when their needed specialists are not in their network.

Thank you for considering our comments. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or margaret.garikes@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

¹ Cusano, D. & Connor, K., Issue Brief: Defining "[Narrow Networks](#)" - Stakeholders' Perspectives, Georgetown University Health Policy Institute, October 6, 2016