

October 29, 2014

Ms. LoRraine Rowland
Legal Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: Proposed Rule 106 Network Adequacy Requirements for Health Benefit Plans

Dear Ms. Rowland:

On behalf of the physician and student members of the American Medical Association (AMA), I thank you for the opportunity to submit comments regarding Proposed Rule 106 for Network adequacy requirements for Health Benefit Plans. We commend the Arkansas Insurance Department (Department) for addressing the important issue associated with network adequacy and ask that you consider the following comments as you draft your final regulation.

Strong patient protections

The AMA supports strong consumer protections when a provider network is inadequate. Specifically, the insurer should ensure that the patient is not responsible for additional costs associated going out-of-network when in-network care is not available. However, we are concerned about reliance on an appeals process as a remedy for an inadequate network. We ask that the final regulation make clear that out-of-network arrangements are not an acceptable alternative to plans having an adequate network. The most effective policy to ensure access to care is for the plans to meet the state network adequacy requirements.

Patient access to specialty care providers

We are concerned that the list of specialty care providers contained in Section 5(F)(2) is incomplete, and we encourage the Department to work with the medical societies in Arkansas to establish an effective means of identifying all the specialists, and potentially subspecialists, to whom patients will need access.

Public transparency in insurers' access plans

We have concerns that the access plan described in Section 5(I) allows for insurer information contained in the plan to be deemed "proprietary" and therefore, not publicly accessible. We strongly encourage the Department to remove this provision and allow for full transparency of the information contained in the access plans.

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Access to accurate provider directories

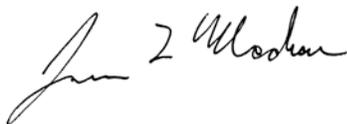
We greatly appreciate the Department's attention to ensuring accurate and up-to-date provider directories. Consumers need access to robust, up-to-date provider directories to enable them to determine which providers are in-network as they purchase their plans, and which providers continue to be in-network as their medical needs change. Additionally, providers need accurate information from health plans to allow for in-network referrals when further treatment is needed. We hope the final regulation will continue to recognize the connection between accurate provider directories and meaningful access to provider networks for consumers.

Active state regulation of networks

Finally, Section 5(K) allows for third-party accreditation to be accepted in lieu of a health plan demonstrating that the health plan meets the state's network adequacy requirements. The AMA urges you to reconsider this provision in the final regulation. While accreditation is an important part of assessing health plan quality, it should not replace the active regulation and monitoring of provider networks by the Department.

Again, we very much appreciate the opportunity to participate in this process and look forward to working with you toward the final regulation. If you have any questions, please contact Emily Carroll, Senior Legislative Attorney, Advocacy Resource Center, at emily.carroll@ama-assn.org or 312-464-4967.

Sincerely,

A handwritten signature in cursive script that reads "Jim L Madara".

James L. Madara, MD

cc: Arkansas Medical Society