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August 18, 2017

William N. Parham, III

Office of Management and Budget

Office of Information and Regulatory Affairs

Attention: CMS Desk Officer

Submitted electronically: OIRA_submission@omb.eop.gov

RE: Three-Year Network Adequacy Review for Medicare Advantage Organizations (OMB control number 0938– New)

Dear Mr. Parham:

The American College of Mohs Surgery (Mohs College) represents more than 1,400 Mohs micrographic surgeons who have successfully completed extensive fellowship-training in Mohs micrographic surgery following their dermatology residency training. Mohs Micrographic Surgery is the most effective and efficient treatment for advanced or difficult to treat skin cancers. In line with its mission, the Mohs College sets and promotes the highest standards of patient care relating to Mohs micrographic surgery.

We appreciate the opportunity to provide comments on the information collection request for the Three-Year Network Adequacy Review for Medicare Advantage Organizations (MAOs).

General Concerns on Network Adequacy in MAOs

The Mohs College continues to address an ever growing epidemic of skin cancer, where more than one in five Americans will develop skin cancer in their lifetime. However, several impediments limit our ability to continue providing the most integrated, coordinated, high quality and cost---effective skin cancer care and treatment options available. In particular, we are concerned with the move toward "narrow networks" by MAOs. Using this strategy, MAOs only contract with providers that are deemed less expensive when compared to local competitors, and with minimal regard for the severity of diseases treated or resultant health care quality.

MAOs, especially those that have fallen short of a 5-star rating in recent years, have in appropriately narrowed their provider networks to the point of eliminating some specialties and subspecialties altogether, including Mohs micrographic surgeons. This has created significant access-to-care challenges for patients with skin cancer.

To address this challenge, **CMS** should expand its network adequacy requirements for MAOs to ensure beneficiaries have access to specialists and subspecialists as part of the plan in which they are enrolled. Specifically, CMS should require MAOs to identify physician specialties and subspecialties to ensure they have the necessary mix of providers available for their enrollees. This is possible using the National Uniform Claims Committee (NUCC) previously developed alphanumeric codes that help distinguish between certain specialty and subspecialty physicians. This Healthcare Provider Taxonomy code set is an external, nonmedical data code set designed for use in



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an electronic environment, specifically within the ASC X12N Health Care transactions. Under this code set, and when applying for a National Provider Identifier from the National Plan and Provider Enumeration System (NPPES), Mohs micrographic surgeons identify themselves as follows:

- Level 1, Provider Type: Allopathic & Osteopathic Physician (Medicare Provider Type 20)
- Level II, Classification: Dermatology (207N00000X) (Medicare Specialty Code 07)
- Level III, Area of Specialization: MOHS Micrographic Surgery (207ND0101X)

CMS should adopt this level of detail for making network adequacy determinations for MAOs.

CMS should also require online directories to include a feature that allows patients to search by physician specialty and subspecialty (i.e., the directory should be able to distinguish between a dermatologist and a Mohs micrographic surgeon, which is a subspecialty of dermatology, using the aforementioned taxonomy codes).

Thank you for the opportunity to provide continued input on this important issue. If the Mohs College can provide you or your staff with any additional information or answer any questions, please contact Emily L. Graham, RHIA, CCS-P, at egraham@hhs.com.

Sincerely,

Allison Vidimos, RPh, MD

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