December 23, 2014

RE: Health Benefit Plan Network Access and Adequacy Model Act ("Model Act")

Submitted via email to: Jolie Matthews (jmatthews@naic.org)

Ms. Matthews:

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of 26 state and regional professional rheumatology societies formed in order to advocate for excellence in rheumatologic care and to ensure access to the highest quality care for patients with rheumatologic and musculoskeletal disease. CSRO appreciates NAIC updating its Model Act to ensure that patients in managed care plans have access to the care they need. We have a few suggestions related to the draft language that we hope NAIC will consider as it finalizes the Model Act.

In the event of a no-cause termination, the Model Act would require a health plan to continue coverage of treatment for persons with acute or chronic medical conditions who are in active treatment at the time of termination. Such continued coverage would last until the treatment is completed or for up to ninety days, whichever is less. However, the definition of "active treatment" excludes "routine monitoring for a chronic condition." This would essentially exclude rheumatologic diseases such as rheumatoid arthritis from this protection, as these are chronic, lifelong conditions that require routine monitoring to ensure that the disease is as controlled as possible and that there are no adverse effects from the medications. Given the physician shortages in many specialties, including rheumatology, it may be challenging for patients to easily and quickly find another provider in network. As such, we urge NAIC to extend this protection to all patients with chronic diseases requiring specialty care.

We support NAIC’s proposed sixty-day noticed period for no-cause terminations. However, we urge NAIC to require plans to provide a rationale for the termination decision and an opportunity for the provider to dispute the termination. In addition, we urge NAIC to add language that requires plans to consider quality and outcomes prior to any termination decision.

With regard to provider directories, the status quo is that patients are penalized financially for seeking care outside of their network, yet they cannot find the information they need to stay inside the network. This Kafkaesque situation is inexcusable in today’s digital age, and we urge NAIC to include language requiring plans to update external-
facing provider directories at the same time as internal databases. This information should be easily accessible and clear to the average consumer.

Finally, we recommend that NAIC include language requiring plans to publish documented outcomes data on covered individuals. Such data would allow for a comparison to other networks and could help with measuring quality and assuring that adequate care is delivered with respect to specialty and subspecialty care.

We hope these comments are helpful to you as you finalize the Model Act. Please do not hesitate to contact Judith Gorsuch (jgorsuch@hhs.com) should you require additional information.

Sincerely,

Michael Schweitz, M.D.
President, Coalition of State Rheumatology Organizations