January 12, 2015

J.P. Wieske
Chair, Network Adequacy Model Review (B) Working Group
National Association of Insurance Commissioners
444 North Capitol Street, NW, Suite 701
Washington, D.C. 2001

ATTN: Jolie Matthews, NAIC Sr. Health and Life Policy Counsel
Submitted electronically at jmattews@naic.org

Re: Proposed Revisions to the National Association of Insurance Commissioners (NAIC) Managed Care Plan Network Adequacy Act

Dear Mr. Weiske:

Thank you for the opportunity to comment on the proposed revisions to the National Association of Insurance Commissioners (NAIC) Managed Care Plan Network Adequacy Act (Model Act). We appreciate the work carried out by the Network Adequacy Model Review (B) Subgroup to update the Model Act and NAIC’s commitment to ensuring that individuals have timely access to a full range of providers. The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of more than 2.8 million Americans with epilepsy and seizures. We foster the well-being of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime, and will need access to appropriate specialists for careful evaluation and monitoring to gain and maintain seizure control with minimal side effects. Delays in accessing appropriate care due to limited access to specialists leads to increased risk for breakthrough seizures and related complications, including death, which impact not just the individuals living with epilepsy but also their families and communities.

Treatment of epilepsy is highly individualized and requires consultation with a specialist with the ability to determine the most appropriate treatment available with the fewest side effects. Epilepsy medications are the most common and most cost-effective treatment for controlling and/or reducing seizures, and selection of the appropriate medication to prevent seizures is determined by a number of variables, including type of seizure, seizure frequency, age, gender, and other health conditions. Determining the right medication for a particular person may require trial-and-error, along with close observation of blood levels and side effects. For these reasons patient need access to qualified specialists who are familiar with the full array of treatment options available, including surgery and special dietary considerations, especially individuals with multiple complex and chronic conditions.

Insurers must not rely on out-of-network providers to deliver care for covered specialty services and caution against relying on appeals processes as an alternative to strong provider networks that meet the needs of all enrollees, so they don’t have to go out of network to access needed services. Although we strongly support increased transparency around provider networks and strong appeals processes, we caution that greater transparency is not a substitute for an adequate provider network.

**Network Adequacy**

We support objective quantitative measures of network adequacy and strong regulatory oversight to ensure insurers are meeting network adequacy requirements. However, we urge NAIC to look beyond quantitative standards and...
ensure adequate access to the full range of specialty and subspecialty providers who typically care for people living with epilepsy and other complex chronic conditions. If an appropriate epilepsy specialist or epilepsy center is not available in the immediate geographic area, arrangements should be made to refer the patient in a timely manner to an appropriate specialist and facility, even if out of state, with in-network cost-sharing.

**Transparency**
We support requirements to ensure greater transparency for provider directories so individuals can review and compare plans when making a selection, and to protect enrollees from out-of-network cost-sharing when they have selected an in-network provider based on published information. Plans should be required to feature a current, accurate, and complete provider directory, including information regarding which providers are accepting new patients, in a manner that is easily accessible to both current and prospective enrollees (without having to create or access an account or enter a policy number). Plans should also feature easy-to-understand information on the approval processes for out-of-network services and the appeals procedures for denied services.

**Appeals Process**
Plans should be required to maintain an adequate and timely approval process for out-of-network services, utilize appropriate clinical standards in evaluating requests, and have an appeals process for denied services. Additionally, plans should be required to provide current and prospective enrollees easy-to-understand information on the approval processes for out-of-network services and the appeals procedures for denied services.

**Transition in Care**
Continuity of care is critical for people living with complex chronic conditions like epilepsy. One way to minimize disruptions in care is to ensure uninterrupted access to the treating physician and specialists as enrollees identify a new in-network specialist. Plans should be required to ensure there is a transition period during which enrollees can receive care from previously in-network providers at in-network rates, or new enrollees can receive care from their current providers and specialists as they identify and secure in-network providers and specialists in their new plan.

The Epilepsy Foundation applauds the NAIC for recognizing the need for increased patient protections and your commitment to the development of a Model Act that ensures meaningful access to the full range of providers in Marketplace plans. We look forward to working with the NAIC and insurance commissioners across the country to improve access to providers, benefit design, cost-sharing, and transparency in Marketplace plans, to ensure that the ACA meets the needs of the millions of individuals who rely upon these plans to access quality health care, especially those living with complex chronic conditions. Please do not hesitate to contact Angela Ostrom, Chief Operating Office & Vice President Public Policy, at 301-918-3766 or aostrom@efa.org with any questions or concerns.

Sincerely,

Philip M. Gattone, M. Ed.
President & CEO
Epilepsy Foundation