January 12, 2015

[Submitted electronically to jm.matthews@naic.org]

National Association of Insurance Commissioner (NAIC)
701 Hall of the States Building
444 North Capitol Street, N.W.
Washington, DC 20001-1509

Re: Comments Regarding the Managed Care Plan Network Adequacy Model Act

Dear Ms. Matthews:

The Pharmacists Society of the State of New York (PSSNY) appreciates the opportunity to comment regarding National Association of Insurance Commissioner’s (“NAIC’s”) request for comments regarding the Managed Care Plan Network Adequacy Model Act.

We are keenly aware of how desperately Americans need increased access to affordable, quality health care and we thank you for your efforts. Our comments focus on two primary areas; the definition of health care professionals and network transparency.

Specifically in the following sections we would recommend consideration of the following revisions:

**Section 3 (K). Definitions**

Pharmacy should be included in the definition. Pharmacists are the most accessible health care provider across communities and are the professionals that monitor medication profiles and communicate with the doctors when a problem with a patient’s medication is recognized. In the future, pharmacists will be the ones keeping patients from being readmitted into the hospital by keeping track of the patient’s compliance.

Many patients receive health care services provided by pharmacists. These services include, but are not limited to, immunizations, health screenings, disease state management, and collaborative drug therapy management; all of which fall under your current definition of health care services. Even those these services are provided in collaboration with a physician they are not always provided within a physician's office. In fact, many states allow these services to be provided within a pharmacy, away from the physician's office. However a pharmacist is not listed as a health care provider and a pharmacy is not listed as a health care facility within your draft document.

Patients who have received health care services provided by a pharmacist, whether inside a physician's office or a pharmacy, end up missing fewer work days, have a higher quality of life, and have a reduction in visits to the ER and hospital. In addition, these services help patients reach their chronic disease state goals, such as A1C and blood pressure, by improving adherence to their medications.
Section 6 (T). Requirements for Health Carriers and Participating Providers
“A health carrier and, if appropriate, an intermediate shall notify a participating provider of all provisions at the time the contract is executed and of any material changes in the contract.” Currently pharmacists are not notified of MAC changes, this will need to be remedied.

Section 9 Intermediaries
This section requires intermediaries to register with the state department of insurance or other state agency.

Finally, we recommend NAIC consider including more comprehensive language related to care transitions. Effective care transitions not only improve patient outcomes, but they also can lower overall costs. The Model Act in this section addresses “discharge planning”, but does not include other transitions of care, such as a change in provider, nor does it address important issues ancillary to care transitions, including the transfer of a patient’s medical records. The direction healthcare is taking is indicative of the fact that pharmacists, as providers, will be reimbursed based on the Outcomes. For example the NY DSRIP initiative, as you know, a program designed on collaboration between many types of providers, pilots with major plans like Health First, Silverscripts, Inland Medical, pharmacy performance networks such as CCNC in North Carolina, all initiatives based on programs around reimbursing for positive outcomes. The Department of Health, has been directed by CMS to produce reimbursement models that will reward providers for saving dollars and produce positive clinical outcomes, we believe as professionals, pharmacists are demonstrating that they can make a difference.

Thank you for the opportunity to provide feedback on the Model Act and for your consideration of our comments. As NAIC continues its works on the Model Act.

Respectfully,

[Signature]

Tracy Russell
Executive Director