J.P. Weiske, Chair of the Network Adequacy Model Review (B) Subgroup
National Association of Insurance Commissioners
701 Hall of the States
444 North Capitol Street, N.W.
Washington, D.C. 20001-1509

January 12, 2015

RE: Proposed Revisions to the Managed Care Plan Network Adequacy Model Act

The proposed revisions to the Model Act admirably seek to balance consumer access safeguards with the ability of health plans to innovate their care delivery models.

URAC supports the suggested revisions in Section 4 pertaining to state consideration of accreditation. We find the revised language to be fair and neutral in its suggested use of accreditation. It is URAC’s opinion that accreditation cannot and should not serve as a substitute for regulatory oversight by government. It is also our opinion that, where accreditation standards examine areas of interest and concern to regulators, such as health plan management functions, governments should utilize the accreditation status of commercial entities to simplify regulatory oversight.

There is no widely adopted definition for network adequacy. For this reason, URAC’s standards promote informed choice on the part of the consumer while compelling health plans to have a process in place to handle unintended consequences. URAC accreditation ensures that consumers have: ready access to all the appropriate health plan benefit information needed to make an informed choice of provider; timely access to both in-network and emergency care; and access to a documented appeals process to fairly resolve disputes.

Regulators can be assured that a URAC accredited health plan is actively assessing, monitoring, and measuring the needs of their enrollees against their network and has a process in place to take the appropriate corrective action when required.

URAC looks forward to our continued work with the Subgroup as it revises the Model Act to ensure consumer access to quality healthcare.

Sincerely,

Kylanne Green
President & CEO