



SAMARITAN
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June 25, 2010

Mr. Lou Felice
Chair, Health Care Reform Solvency Impact Subgroup

Mr. Steven Ostlund
Chair, Accident & Health Working Group

National Association of Insurance Commissioners
2301 McGee Street, Suite 800
Kansas City, Missouri 64108-2662

Re: Calculation of Medical Loss Ratio Recommendations

Dear Mr. Felice, Mr. Ostlund, and Subgroup members:

I am writing on behalf of Samaritan Counseling Center in Albuquerque, New Mexico. I am currently the Director of Quality Outcomes, but will assume the position of President and CEO on July 1, 2010. Samaritan has a staff of 21 licensed behavioral health providers and seven professional staff that provide prevention, education, consultation and related services to the community.

I am writing to urge the National Association of Insurance Commissioners (NAIC) to consider and recommend to the Department of Health and Human Services (HHS) a definition of medical loss ratio (MLR) that will encourage health plans to continue their tremendous support of community-based health initiatives and programs.

The membership of NAIC is state-based and so should understand well the important contributions that local organizations make to the overall health of communities and populations. I want to make sure that health insurers will continue their critical participation in these efforts.

Three years ago, Samaritan received a grant from an insurance company in the community that enabled us to expand, and more importantly, provide much more accessible behavioral health services to the traditionally underserved population in Southeast Albuquerque. So we are very familiar and supportive of continuing effective contributions to develop and enhance services. We know how important this is.



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It is my understanding that if the definitions around MLR are too narrow, health insurers will not be encouraged to support community-based health initiatives and could, in fact, be penalized for such support if their contributions are counted as administrative expenses. Penalizing support of my organization's program and similar community-based programs across the nation would not be wise public policy.

I strongly urge the NAIC to recommend to HHS that for the purpose of calculating MLR, quality initiatives include health insurers' involvement and investments in public health initiatives.

We further recommend two things:

- 1) That the future contributions are clearly and specifically targeted to enhance accessibility to services for health care consumers, and
- 2) That behavioral health services are specifically included in the targets for receiving these funds. Unfortunately, behavioral health services sometimes receive a smaller proportional share of funds in these types of projects, despite the ever increasing need for these services.

Thank you for consideration on this important issue.

Sincerely,

Thomas K. Sims, Ph.D.
Director of Quality Outcomes
Samaritan Counseling Center
Albuquerque, New Mexico