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May 25, 2010

Mr. Lou Felice
Chair, Health Reform Solvency Impact Subgroup
c/o National Association of Insurance Commissioners
2301 McGee Street, Suite 800
Kansas City, MO 64108-2662

Re: Medical Loss Ratios – comments on May 20

Dear Mr. Felice:

On behalf of the more than 200 members of DMAA: The Care Continuum Alliance, I respectfully offer the following comments to the May 20th proposed blank for your consideration. Note that our comments are specific to Line 5 – Expenses for Health Care Quality Improvement and the outlined categories.

Based on the number of comments that the Health Reform Solvency Impact Subgroup has received, we thought it would be helpful to provide the rationale for our specific comments below.

Specific recommendations:

1. **Care coordination** (not just general care management) - the ~~direct~~ interaction between the insurer and the enrollee to coordinate a patient's care between multiple providers (*care coordination* such as making sure medical records are shared between all the patient's physicians and *activities to improve patient safety* and *reduce medical errors by using best clinical practices*, and *effective case management* such as making/verifying appointments and *medication and care compliance initiatives* [not involved with chronic disease management]) and arranging and managing transitions from one setting to another (such as hospital discharge to home or to a rehabilitation center and *prevention of hospital readmissions*); care coordination *activities to encourage evidence based medicine*; and *health information technology* expenses to support these activities.

   Rationale: The term "direct" is extraneous to the balance of the definition of care coordination and, because it is undefined, a potential source of confusion.

2. **Chronic Disease Management** Individually tailored *chronic disease management* programs for specific chronic conditions that interact with the

insured (in person, ~~or~~ via the phone, **or other modalities**) to provide *medication and care compliance initiatives* such as: (a) remind insured of doctor appointment, (b) check that insured is following a medically effective prescribed regimen for dealing with the specific disease/condition, (c) incorporating feedback from insured in the management program, (d) provide coaching on dealing with the disease/condition including evidence based information on treatment options**;** chronic disease management *activities to encourage evidence based medicine*; and *health information technology* expenses to support these activities.

Rationale: Including the terms "or other modalities" allows for the evolution of additional innovations (such as remote monitoring devices) for interaction between patients, providers and health plans. The inclusion of the language regarding information on treatment options recognizes the importance of decision aids in patient engagement.

3. **Preventive Care and Wellness Programs**: ~~Hands on~~ **P**rograms that interact with the insured (in person, ~~or~~ via phone, **or other modalities**) related to: *Wellness* assessment, wellness/lifestyle coaching programs, coaching programs designed to educate individual members on clinically effective methods for dealing with a specific chronic disease, and coaching or education programs and *health promotion activities* designed to change individual member behavior (e.g., smoking, obesity); preventive care and wellness program *activities to encourage evidence based medicine*; and *health information technology* expenses to support these activities.

   Rationale: Same as rationale for # 2 with respect to allowing for the evolution of technologies and methods for interaction between patients, providers and health plans.

We appreciate your consideration of our suggestions and commend you and your fellow Subgroup members and NAIC staff for the open and transparent way in which you have conducted this process.

Sincerely,

Kip MacArthur
Director, Government Affairs

Cc: Steve Ostlund, Chair, Accident & Health Working Group
John Englehardt, NAIC Staff
Todd Sells, NAIC Staff
Brian Webb, NAIC Staff