

Mr. Steven Ostlund, Chair,  
Accident & Health Working Group

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

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

By Electronic Mail

Dear Mr. Ostlund and Mr. Felice:

I am writing on behalf of Lifetime Health Medical Group, a primary care provider serving nearly 100,000 patients in the Upstate New York area. Lifetime Health offers primary care, urgent care and specialty services throughout 12 locations, providing quality, innovative and patient-centered care to the diverse patient populations in the region. We are writing to comment on the National Association of Insurance Commissioners' ("NAIC") development of recommendations related to the calculation of medical loss ratios ("MLR") in section 2718 of the Public Health Service Act ("PHSA") as added by the Patient Protection and Affordable Care Act ("PPACA"). In particular, we have a strong interest in encouraging activities that improve the quality and appropriateness of the health benefits they offer and the health status of their employees. We therefore urge that your guidance on the calculation of medical loss ratios continue to recognize the importance of these value-added services.

We ask that certain valuable quality measures be included in the MLR calculation, including: wellness programs, disease management programs, fraud, waste and abuse activities, and certain health information technology tools. These quality measures provide valuable services to employees by improving their health and the value of the care they receive. Failure to include these measures would increase costs for patients and their employers, and could jeopardize programs that are valuable to patients and beneficial to their health.

We are currently engaged with HealthNow in our Buffalo area practices in a novel patient-centered medical home initiative where we are being supported in various ways financially, including support toward NCQA certification, pay-for-performance quality incentives, and engagement in advancing local health information exchange development through enhanced health information technology. We have similar

arrangements with Independent Health Associates in Buffalo, as well as Excellus Health Plans and MVP in Rochester, NY around incentives for quality of care improvement activities. Fidelis Health Plan is also working with us and other providers around promoting wellness and disease management. All of the payors listed above are focusing on similar quality measures via pay-for-performance type incentives, including increased wellness visits, high quality diabetes and asthma management, and high levels of preventive services (mammography screening, colorectal cancer screening, sexually transmitted disease screening, etc.). Most of the above payors are also adding incentives to increase generic prescribing, which lowers out-of-pocket costs for patients and inherently will improve medication compliance and patient safety.

We appreciate your consideration of our views and encourage you to develop an MLR calculation methodology that will help to ensure that these vital quality improvement efforts are able to continue to meet the needs of our patients and the communities we serve.

Sincerely,

Douglas Golding, MD  
Medical Director & CMIO  
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