

FOR IMMEDIATE RELEASE

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DMAA: The Care Continuum Alliance Praises NAIC Recommendations on Quality Improvement Activity Components of Medical Loss Ratio Formula

WASHINGTON, D.C. - DMAA: The Care Continuum Alliance today praised recommendations from the National Association of Insurance Commissioners that wellness, prevention and chronic disease management should be counted as quality improvement activities in the medical loss ratio (MLR) formula.

The association, which represents organizations and individuals providing the breadth of programs and technologies to improve health and wellness and combat chronic disease, has strongly made the case that such services should be recognized as medical or quality improvement expenses in the MLR.

"The NAIC has done an exemplary job in an open and transparent way to ensure the MLR calculation recognizes the important services and products our members provide," DMAA: The Care Continuum Alliance President and CEO Tracey Moorhead said. "Preventing and managing chronic disease and keeping people well unquestionably improves quality, contributes significantly to improving health care outcomes and lowering health care costs for consumers."

DMAA: The Care Continuum Alliance has worked closely with the NAIC over the past several years, both before and during the recent process to craft an MLR definition consistent with the mandates of the Affordable Care Act (ACA). Throughout, DMAA: The Care Continuum Alliance has provided comment and documentation to support its position on the value of population health management and care coordination programs.

"These recommendations are well-aligned with ACA's overall emphasis on the importance of prevention, wellness and care coordination," Moorhead said. "We thank the NAIC for working with DMAA: The Care Continuum Alliance to ensure appropriate recognition of population health management in the MLR calculation and we are pleased to have contributed to this process."

"The success of health care reform hinges largely on our ability to effectively reduce risk of chronic disease, keep the healthy well and improve quality of life for the chronically ill," Moorhead said. "Recognizing these essential, evidence-based approaches to care as quality improvement in the MLR formula will aid efforts immeasurably to fight chronic disease."

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About DMAA: The Care Continuum Alliance

DMAA: The Care Continuum Alliance convenes all stakeholders providing services along the care continuum toward the goal of population health improvement. These care continuum services include strategies, such as health and wellness promotion, disease management, and care coordination. DMAA: The Care Continuum Alliance promotes the role of population health improvement in raising the quality of care, improving health outcomes and reducing preventable health care costs for individuals with chronic conditions and those at risk of developing chronic conditions. DMAA activities in support of these efforts include advocacy, research and the promotion of best practices in care management.

DMAA: The Care Continuum Alliance represents more than 200 corporate and individual stakeholders - including wellness, disease and care management organizations, pharmaceutical manufacturers and benefits managers, health information technology innovators, biotechnology innovators, employers, physicians, nurses and other health care professionals, and researchers and academicians. Visit DMAA online at www.dmaa.org.