



**THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH**

Harriette B. Fox, *Chief Executive Officer*

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October 21, 2011

The Honorable Kathleen Sebelius
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: File Code CMS-9982-P (Summary of Benefits and Coverage and the Uniform Glossary)

Dear Secretary Sebelius,

As an organization committed to improving health outcomes for adolescents, and with a network of partners that include national organizations and adolescent-based health centers, The National Alliance to Advance Adolescent Health is pleased to submit comments on the Summary of Benefits and Coverage and the Uniform Glossary, as required by Section 2715 of the Patient Protection and Affordable Care Act (ACA). We applaud HHS for meeting the intent of Congress to ensure that consumers are provided with clear and understandable information about their insurance coverage options and appreciate the effort put into these documents, especially the contributions by the National Association of Insurance Commissioners (NAIC).

Both the Summary of Benefits and Coverage and the Uniform Glossary will be very useful to consumers who are often confused about coverage terms. However, we offer several suggestions that we think will improve the utility of these documents for adolescent consumers and others.

Uniform Glossary

The Uniform Glossary will certainly benefit consumers by assisting them in understanding terms used in health insurance policies. The inclusion of the *Medical Necessity* definition will be particularly helpful. Given that the Subgroup will be considering additional definitions, we ask that the Glossary be expanded to include five additional terms that are particularly important to adolescents and their parents.

1. *Behavioral Health* – The Glossary should define what behavioral health services are and who can provide them. The definition should convey that coverage may include services to treat emerging mental health and substance abuse conditions as well as diagnosed conditions.

2. *Preventive Care* – The Glossary should define the content of preventive care services, making consumers aware that these services, often referred to as well child visits or health checkups, are for the purpose of identifying and preventing health problems that might otherwise go unnoticed and that they usually are provided on an annual basis.
3. *Family Planning* – The Glossary should define what family planning counseling and contraceptive services are and explain that plans may not cover all methods of contraception that a provider may prescribe.
4. *Maternity Care* – The Glossary should define what maternity care is and also make clear that plans may not include maternity care as part of dependent coverage.
5. *Dependent Child Coverage* – The Glossary should define dependent children because not every insured family will know that it includes children up to age 26.

In addition, we would like to suggest that three elements of the Glossary be expanded to include more information for the consumer.

1. *Prescription Drugs* – The definition of prescription drugs should be expanded to clarify the difference between brand name and generic drugs and explain what is meant by a preferred drug and a health plan formulary.
2. *Deductible* – The definition of deductible should be expanded to explain that a plan may require that deductibles be met by each insured in a family and not simply by the family as a whole. It should also explain that there may be a separate deductible for specific services, such as pharmacy benefits.
3. *How You and Your Insurer Share Costs Example* – The graphic example of shared costs in the Glossary should also include an example of out-of-network costs to show consumers their financial liability if they use providers outside of the network.

Examples of Plan Coverage in the Summary

We think the examples of plan coverage in the Summary are very helpful for consumers because they show what a plan covers and what it costs. We strongly endorse the use of the coverage examples for different medical situations put together by NAIC. With respect to the coverage examples, we ask that they be expanded to include three additional items.

1. The sample medical situations should include information on how the limits and exclusions were calculated. It is important that consumers understand the application of limits and exclusions so they can be most informed when choosing a plan.

2. One coverage example should show expenses incurred by out-of-network providers to make it clear to consumers that their expenses will be higher if they receive care from a physician who is outside the network.
3. A sample medical situation showing mental health costs should be added. It is important for consumers to realize that adhering to a course of recommended therapy could result in higher out-of-pocket costs due to limits on outpatient therapy visits.

We welcome the opportunity to discuss our comments with you or your staff. If you require any additional information, or have any questions, please contact Harriette Fox at The National Alliance to Advance Adolescent Health (hfox@thenationalalliance.org).

Sincerely,



Harriette B. Fox

CEO, The National Alliance to Advance Adolescent Health