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October 21, 2011

Academy of Managed Care  
Pharmacy

American Association of  
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Organizations

American College of  
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American Health Quality  
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National Association of  
Insurance Commissioners

National Business Coalition  
on Health

Pharmaceutical Care  
Management Association

Marianne Fazen, PhD  
Board Chairperson

Alan P. Spielman  
President and CEO

Donald M. Berwick, M.D., M.P.P.  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9982-NC  
P.O. Box 8016  
Baltimore, MD 21244-1850

**RE: Summary of Benefits and Coverage and Uniform Glossary—Templates,  
Instructions, and Related Materials Under the Public Health Service Act**

Dear Administrator Berwick:

URAC is pleased to offer its comments on the Uniform Glossary of Health Insurance and Medical Terms provided in Appendix E of the above solicitation published in the *Federal Register* on August 22, 2011. As a nationally recognized health care accreditation organization with a consumer and quality first orientation, URAC believes it is vital that individuals enrolling in health plans have clear and appropriate information on the benefits, coverage, and costs related to obtaining and using health insurance.

As noted in the above solicitation, Section 2715 of the Public Health Service Act (as added by Section 1001 of the Patient Protection and Affordable Care Act) directs the Departments of Health and Human Services (HHS), Labor (DOL), and the Treasury (DOT) to consult with a working group of the National Association of Insurance Commissioners (NAIC) to develop standards for use by a group health plan and a health insurance issuer in compiling and providing a summary of benefits and coverage that “accurately describes the benefits and coverage under the applicable plan or coverage.” Section 2715 includes the requirement for development of a Uniform Glossary. URAC’s President and CEO, Alan P. Spielman, was an active contributor on NAIC’s Consumer Information (B) Subgroup, which met for over 120 hours and submitted its recommendations on definitions and standards for the summary of benefits and coverage to Secretary Sebelius of HHS and Secretary Solis of DOL on December 17, 2010. URAC is pleased that the above solicitation includes verbatim the Subgroup’s “Glossary of Health Insurance and Medical Terms” provided as Appendix E on page 52528.

In supplementation to the terms provided in the above glossary, URAC would like to suggest a few additional terms, provided in Appendix A, for which the source is indicated at the end of each proposed definition. URAC appreciates the opportunity to offer these additions to the Uniform Glossary and continues to strongly support the work and input of NAIC's advisory subgroups in developing health plan and insurer standards, definitions, and requirements—critical work which helps protect consumers and ensure fair marketing practices.

Please feel free to contact me if I can be of further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Alan P. Spielman". The signature is written in black ink and is positioned below the word "Sincerely,".

Alan P. Spielman  
President and CEO

## **Appendix A—URAC Proposed Uniform Glossary Additions**

**Covered service:** A health care service for which reimbursement or other remuneration is provided to a consumer or on behalf of a consumer under the terms of the consumer's benefits program. (*URAC Health Accreditation Programs Glossary*)

**Injury:** Damage or harm caused to the structure or function of the body caused by an outside force, which may be physical or chemical. (*URAC Pharmacy Quality Management ® Accreditation Programs Glossary*)

**Disease Management (DM):** According to the Disease Management Association of America, "Disease management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. Disease management: supports the physician or practitioner/patient relationship and plan of care, emphasizes prevention of exacerbations and complications utilizing evidence based practice guidelines and patient empowerment strategies, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health. Disease management components include: population identification processes; evidence based practice guidelines; collaborative practice models to include physician and support-service providers; patient self-management education (may include primary prevention, behavior modification programs, and compliance/surveillance); process and outcomes measurement, evaluation, and management; routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling." (*URAC Health Accreditation Programs Glossary*)

**Disease Management Program:** A program or entity that provides the scope of functions and activities necessary to provide disease management. (*URAC Health Accreditation Programs Glossary*)

**Randomized clinical trial:** a controlled, prospective study of patients that have been randomized into an experimental group and a control group at the beginning of the study with only the experimental group of patients receiving a specific intervention, which includes study of the groups for variables and anticipated outcomes over time. (*URAC Health Accreditation Programs Glossary*)

**Wellness Program:** A program that is designed to promote healthy behaviors through a combination of a health risk assessment tool, a series of one or more interventions linked to the assessment process findings, a program evaluation component designed to track individual and program-wide aggregate improvements, supported by a means of program and data integration. (*URAC Wellness Accreditation Program Glossary*)

## Terms Related to Medications and Pharmacy

**Brand name drug:** A prescription drug that is protected by a patent, supplied by a single company, and marketed under the manufacturer's brand name. (*OPM Guide to Federal Benefits for Federal Civilian Employees; November 2009*)

### **Formulary** (Two Alternative Proposed Definitions)

**-Formulary:** A continually updated list of medications and related information, representing the clinical judgment of physicians, pharmacists, and other experts in the diagnosis and/or treatment of disease and promotion of health. (*URAC PQM® Accreditation Programs Glossary;*

Adapted from Academy of Managed Care Pharmacy's Principles of a Sound Drug Formulary System, 2000)

**-Formulary or Prescription Drug List:** A list of both generic and brand name drugs often made up of different cost-sharing levels or tiers, that are preferred by your health plan. Health plans choose drugs that are medically safe and cost effective. A team including pharmacists and physicians determines the drugs to include in the formulary. (*OPM Guide to Federal Benefits for Federal Civilian Employees; November 2009*)

**Generic Drug:** A generic medication is an equivalent of a brand name drug. A generic drug provides the same effectiveness and safety as a brand name drug and usually costs less. A generic drug may have a different color or shape than the brand name, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection). (*OPM Guide to Federal Benefits for Federal Civilian Employees; November 2009*)

**Mail Service Pharmacy:** Pharmacies that dispense medications to patients through mail delivery. (*URAC Staff Recommendation*)

**Specialty pharmacy:** Offers a high touch, comprehensive care system of pharmacological care wherein patients with chronic illnesses and complex disease states receive expert therapy management and support tailored to their individual needs. Medications that health plans and other payers classify as specialty pharmaceuticals may vary and evolve over time. (*URAC Pharmacy Quality Management ® Accreditation Programs Glossary*)

**Step Therapy:** A medication management approach intended to promote utilization of the most appropriate drug. Step therapy usually begins with the recommendation of the least costly and safest drug therapy progressing to more costly and or risky therapy only if necessary. (*URAC Staff Recommendation*)