Joint Council of Allergy, Asthma & Immunology

American College of Allergy, Asthma & Immunology

PATIENT ACCESS TO SPECIALTY CARE – ALLERGY/ASTHMA

Issue:

Are Health Plans being sold on the Exchanges constructing their networks in such a way that they can discourage certain types of patients from enrolling in that Health Plan?

Background:

Under the Affordable Care Act, millions of Americans – adults and children – have health insurance for the first time. While ensuring that individuals have the ability to pay for their healthcare needs is an important objective, ensuring that these individuals have access to the appropriate provider is equally important.

There have been numerous reports noting that many of the plans being offered on the Exchanges have so-called "skinny networks." These are networks that are smaller than those typically available in that market.

While Health Plans maintain that such smaller networks are necessary to keep costs lower, some patient groups have raised the concern that these Network decisions are also a way for Health Plans to avoid certain high cost patients.

For example, parents with children suffering from certain chronic diseases, such as Asthma, will often choose a Health Plan because a particular physician(s) or Children's Hospital with a proven track record of treating and/or managing children with these conditions is part of the Plan's network.

By excluding these specialized physicians or hospitals from their networks, Health Plans can effectively discourage families from enrolling in these Health Plans.

Asthma is among the most common of chronic diseases, and one of the most difficult to manage. Despite dramatic advances in diagnosis, treatment and overall management, the incidence of the disease has increased significantly over the past few years and vast numbers of asthma patients – including a disproportionate number of children – do not receive adequate care to control their disease. This serves to further discourage Health Plans from enrolling these patients.

Discussion:

Allergists have consistently shown that they can provide effective, economical asthma management. Asthma patients under the care of an allergist have better outcomes at lower cost because of:

- Fewer emergency care visits

- Fewer hospitalizations
- Reduced lengths of hospital stays
- Fewer sick care office visits
- An improved quality of life

Unfortunately, we are seeing the early signs of a shortage of A/I physicians causing more and more Health Plans to try to manage Asthma patients using primary care physicians who may not have the necessary training to properly manage these patients.

Even where A/I physicians are available, we are seeing increasing evidence that Health Plans are excluding Allergists from their networks.

Whether it is a lack of supply or a desire by the Plans to avoid certain high cost patients, the end result is that patients are not receiving the care they need or deserve.

Although it is true that for the early years, Health Plans can receive a risk-adjusted federal subsidy if the plan experiences healthcare costs well above average, those subsidies go away after a few years. The use of networks as a means of avoiding risk will become, we fear, particularly acute at that point.

Recommendations:

Congress should adopt an amendment to the ACA mandating that patients have access to a specialist physician as "in-network" if the patient changes plans and the specialist with whom the patient has a pre-existing relationship is not "in-network" for the new Health Plan.

CMS should exercise more oversight of the Health Plans to:

1. Ensure more appropriate referrals so that primary care providers do not attempt to manage patients whose care can be better managed by a specialist;
2. Ensure that Health Plans have an adequate supply of specialty care physicians, not just primary care;
3. Ensure that Health Plans have a network of Specialists sufficient to ensure that patients have the ability to access a specialist within72 hours of the referral;
4. Ensure that Health Plans are not designing their networks in such a way as to discourage certain patients from choosing that Health Plan;
5. Set minimum standards on Health Plans to better manage specialty care access by improving referral coordination and reducing no-show rates.