Patient access to specialty care – allergy/asthma

Issue:
Qualified Health Plans are being sold on the Exchanges with very limited networks, often restricting patient access to qualified specialists. The effect of this selective contracting is that Qualified Health Plans can discourage patients with certain chronic diseases (i.e. allergies, asthma, COPD, etc.) 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 public policy objective, ensuring that these individuals have access to the appropriate provider is an equally important public health objective.

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. For example, California Insurance Commissioner David Jones recently issued an "Emergency Regulation" requiring health insurers to have sufficient providers in the Plan's network to ensure that patients have timely access to care.

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.

At the federal level, CMS has taken steps to strengthen network adequacy standards but more needs to be done. Thus far, CMS has focused on ensuring that higher percentages of Essential Community Providers are in-network, but they've done little to ensure an adequate supply of specialists.

We are pleased that CMS has taken some steps to increase provider network transparency so that during the annual open enrollment periods patients can determine whether their specialist is "in-network." But as CMS knows, nothing prevents the Health Plan from dropping a physician from their network after the open enrollment period has ended.

Many patients – particularly parents with children with Asthma – will choose a Health Plan because their allergy/immunology physician or Children's Hospital is in-network. But what happens if three months into the Plan year, the plan drops that A/I physician or Children's Hospital from the network?

We believe that if a Health Plan makes a change in the plan Network after the close of the open enrollment period, and physicians and hospitals previously identified as "in-network" are no longer in the Plan's network, patients affected by that plan decision should be permitted to re-enter the Exchange Market to choose another plan. This could be classified as a "life event" by CMS and the individual would be allowed to re-enter the Exchange to select a new plan.

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 ER visits	**Fewer hospitalizations**	**Reduced Hospital Length of Stay**
Improved quality of life	**Fewer sick care office visits**	

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.

Congress should direct CMS to establish specific network adequacy standards, including:

- An adequate number of primary care physicians in the Health Plans Network.
- An adequate number of specialist physicians in the Health Plans Network.
- Patient appointment wait time standards for primary care and specialist care.
- Permit patients a "life event" open enrollment period if the patient's physician or hospital is removed from the network after the close of the regular open enrollment period.

American College of Allergy, Asthma & Immunology