



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:

While the ACA seeks to ensure that individuals have the ability to pay for their healthcare needs, 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 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 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.

Recently, CMS took steps to weaken network adequacy standards, largely removing the minimum federal standards that had been in place and also reducing the percentage of Essential Community Providers a Qualified Health Plan must have in-network. Neither of these steps will increase the likelihood that there will be an adequate supply of specialists.

Efforts to increase network transparency have helped patients obtain information about what physicians are “in-network” but these provider lists are often inaccurate and nothing prevents a plan from dropping a physician once the new plan year begins.

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 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

Fewer sick care office visits

Improved quality of life

Reduced Hospital Length of Stay

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 – particularly the more severe cases.

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.

Recommendations:

Congress should mandate 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 preexisting 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.