



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

Recommendations to Ensure Access to Care

- **Expand Medicaid in all states to persons with incomes up to 133 percent of the FPL by the end of this year.**
- **Reauthorize the Medicaid pay parity program that requires that Medicaid pay no less than the applicable Medicare rates and extend the program to include those ob-gyn physicians who meet the 60 percent primary care services threshold currently in place.**
- **Improve current network adequacy standards by taking into account criteria in addition to the development of time, distance and other standards for qualified health plan (QHP) networks beginning in 2015 as proposed by the Centers for Medicare and Medicaid Services (CMS). CMS should work with state regulators to address network adequacy concerns relevant to each state and continuously monitor adequacy.**
- **Essential community providers (ECP), such as federally qualified health centers, Ryan White HIV/AIDS providers, and safety net hospitals should be included in QHPs with a minimum 30 percent ECP threshold.**
- **Physicians and their patients should be given advance notice that network changes are being considered so that they may comment on and challenge alterations as necessary and all network selection and de-selection decisions should be on record.**
- **When developing provider and hospital networks, QHPs must be clear with their processes and use criteria that is balanced, transparent, fair, and provides real choice. In general, no single criterion should provide the sole basis for selecting or excluding a physician from a plan's network.**
- **QHPs that consider physician performance measures as network development criteria should abide by measures meaningful to consumers and based on national standards, primarily those endorsed by the National Quality Forum (NQF).**
- **QHPs should be required to update their online provider directories in "real-time" when the potential enrollee is shopping for and selecting a qualified health plan.**
- **Federally-facilitated, state partnership, and state-run marketplace websites should have an online search tool to allow users to search by clinician and hospital name and filter out health plans that do not include the consumer's chosen clinician or hospital in network. Marketplace websites should also make available a formulary search tool, enabling consumers to search for plans based on whether their preferred drug is covered in the plan's formulary.**
- **Create a special enrollment period to allow patients to choose another QHP if an outdated network directory has incorrectly listed an enrollee's preferred physician as being part of the network at the time of enrollment.**