Access to Specialty Care

Health care plans in the private market and Medicare should provide timely access to specialty care. Key to this theme is addressing narrow networks, providing comprehensive medical liability reform, allowing private contracting, maintaining a viable fee-for-service option, and addressing workforce shortages.

Network Adequacy

Health plans, including those in the Marketplace and Medicare Advantage, are limiting the number and type of physicians they contract with through "narrow networks." In Medicare Advantage (MA), narrow networks may be employed to improve scores on quality metrics under the Centers for Medicare and Medicaid Service's (CMS) Star Ratings System, which have a direct impact on MA capitation rates. In the Marketplace, health plans may leave some specialties and subspecialties completely out of their networks to keep costs down and premiums low. The result of narrow networks is diminished access to medically necessary specialty care services, which puts beneficiaries and consumers at risk. Despite recent reports from the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) that States faced challenges with ensuring adequate access to primary and specialty care providers for enrollees in Medicaid Managed Care1 and from CMS that MA online provider directories were inaccurate and posed a significant access to care barrier for beneficiaries2 , CMS recently proposed to defer its role in establishing and enforcing network adequacy standards at the Federal level to States and health plan accrediting organizations3 , which will further exacerbate this problem. **Congress and the Administration should maintain federal oversight and enforcement of network adequacy standards, holding health plans accountable for ensuring patients have timely access to the right care, in the right setting, by the most appropriate health care provider.**

Private Contracting

The current structure of Medicare restricts the ability of seniors to see the physician of their choice by limiting beneficiary access to all physicians. One way patients can overcome this hurdle is to "privately contract" for services directly with their physicians. Unfortunately, under current law, beneficiaries who wish to enter into these private contracts must pay for the service entirely out of their own pocket, despite having paid into Medicare for many years. Furthermore, if a physician has "opted out" of Medicare to contract privately — with even one patient — the physician is ineligible for Medicare reimbursement for two years. HHS Secretary Tom Price, MD championed legislation to address this issue while in Congress and as Secretary he may have authority to initiate a Medicare demonstration project. Previous legislation sought to eliminate the two-year Medicare exclusion for physicians who privately contract and allow patients who privately contract to recoup the amount Medicare would otherwise pay for the service. **Congress should eliminate the two-year Medicare exclusion for physicians who privately contract and allow patients who privately contract to recoup the amount Medicare would otherwise pay for the service. Additionally, the Administration should explore opportunities to promote physician choice, including private contracting options, through the regulatory process or Medicare's demonstration authority.**

Fee-for-Service Option

Americans should have a range of coverage options whether they get their health care in the private market, through an exchange plan, or under the Medicaid or Medicare programs. **Congress and the Administration should maintain a viable fee-for-service option, particularly since many communities do not have many health plans from which to choose and may not have an adequate number of specialists in those plans**. Furthermore, many alternative payment models are not appropriate for all medical specialists at this time; thus fee-for-service must be maintained.

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