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

February 11, 2014

Scott P. Serota
President and Chief Executive Officer
Blue Cross and Blue Shield Association
1310 G St., NW
Washington, D.C. 20005

Dear Mr. Serota,

The American College of Physicians (ACP), the largest medical specialty organization and second-largest physician group in the United States, representing 137,000 internal medicine specialists (internists), related subspecialists, and medical students, writes to express our interest in working with Blue Cross and Blue Shield Association (BCBSA) members to achieve the Affordable Care Act's goal of expanding access to affordable, high-quality health insurance. As the major ACA coverage provisions are implemented over the years ahead, ACP believes that physicians and health insurers can find common ground on efforts to ensure that patients receive health care of the highest value and quality. Not only is this imperative from a patient health standpoint, but also necessary if our nation is to curb rising health care costs.

The College is appreciative of BCBSA member efforts to build and encourage innovative health care delivery models such as the patient-centered medical home, which facilitates better care coordination and emphasizes the prevention of pernicious medical conditions.

As the ACA is implemented throughout the nation, ACP hopes that BCBSA member plans can continue to work with physicians to ensure that patients are able to access a wide range of high-quality physicians, that consumers have the tools and information they need to make an educated decision about which health plan to purchase, and that health plans work with stakeholders to ensure that patients are able to access the physicians, hospitals, medical services, and prescription drugs that are necessary to their care.

The College hopes that our nation's health plans will continue to work with physicians and other stakeholders to achieve the goals of expanding high-quality, high-value health coverage to all. Below is

a list of recommendations ACP respectfully offers to BCBSA to improve the implementation of this historic law.

Recommendations

- **Health plans should be transparent in the criteria they consider when developing provider networks. Health plans should consider a range of criteria related to professional competency, quality of care, and the appropriate utilization of resources. In general, no single criterion – including cost - should provide the sole basis for selecting, training, or excluding a physician from a plan's network.** Providers 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; all network selection and deselection decisions should be on record and the physician should be provided with detailed reasons as to why their contract was terminated. While limited networks can be a means of steering patients to high-value physicians, they should not be used only to tamp down costs.

- **QHPs should update their online provider directories in "real-time" upon receipt of new information to ensure accuracy when the potential enrollee is shopping for and selecting a qualified health plan. This will enable patients to know that their preferred physician or hospital is within their chosen plan's network and protect them from unpredictable out-of-pocket costs for out-of-network services.** As you know, the December 17, 2013 interim final rule urged QHPs to provide the most current online directory to marketplace plan shoppers and treat out-of-network physicians as in-network if they were listed in the QHP's in-network provider directory at the time of the patient's enrollment. ACP strongly encourages health plans to adopt this exception and consider expanding it beyond the "beginning months" window outlined in the regulation.

- **QHPs should establish "health care provider hotlines" to connect physicians, hospitals and other providers to QHP representatives to answer questions, verify patient enrollment, and obtain other information.** Physicians need to be able to verify patient enrollment at the time of service as well as receive important information about a plan's cost-sharing requirements, fee schedules, claims processing, and dispute resolution information. Health plans should work to provide an accessible means of physician and health plan communication, either through an online portal or telephone that will make it easy for physicians to efficiently deliver care to their patients without delay.

- **QHPs should provide real-time notification of when a patient enters the 90-day grace period upon enrollment verification check by a physician or their staff. Notification should provide information on what month of the grace period the enrollee is in.**

- **Physicians play an integral part in the internal and external appeals process, providing evidence that the care or provider access requested is medically necessary.** To help expedite

the appeals process and reduce any potential administrative burden on providers, efforts should be made to ensure that physicians have easy access to necessary appeals documentation and are able to submit them through a variety of means, such as an online portal. Health plans should have 24-hour telephone access for physician-to-physician dialogue with the ability to resolve any clinical or medically necessity issues.

- **QHPs should allow patients to have access to the medication in dispute during the entire formulary exception review process and if granted, that the excepted drug continue to be provided for in subsequent plan years;** this will ensure continuity of care while the appeal is being considered. With increasing use of step therapy and drug tiers, efforts should be made to provide necessary therapies to patients, even when they are awaiting a coverage decision from the health plan or independent external reviewer. We urge health plans to work with federal and state regulators to carry out the nondiscrimination safeguards described in the draft 2015 Letter to Issuers in the Federally-facilitated Marketplace issued by the Centers for Medicare and Medicaid Services. These consumer protections will help guarantee that all patients can access medically necessary prescription drugs and other therapies without unreasonable delay or cost.

- **QHPs should be required to expedite the internal and external appeal review process to ensure that provide a decision to the patient and provider/prescriber no later than 24 hours for urgent care situations or 72 hours for non-urgent care situations.**

Although we believe that many of the recommendations we have offered in this letter can and should be voluntarily implemented by your health plan members, we also believe that there is a need for improved oversight from federal and state regulators. We sent the attached letters today to HHS Secretary Kathleen Sebelius and the National Association of Insurance Commissioners with our recommendations relating to regulatory oversight of qualified health plans. ACP appreciates your consideration of the above recommendations. Working together, physicians, health plans, and other stakeholders can achieve the spirit of the Affordable Care Act – drastically reducing our nation's uninsurance rate and promoting high-quality, high value care for all.

Sincerely,

Molly Cooke, MD FACP
President
American College of Physicians