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STATEMENT OF ACAP CEO MARGARET A. MURRAY ON HHS OIG REPORT ON PROVIDER AVAILABILITY

WASHINGTON – Margaret A. Murray, CEO of the Association for Community Affiliated Plans (ACAP), today issued the following statement on the HHS Office of Inspector General (OIG) report entitled “Access to Care: Provider Availability in Medicaid Managed Care”:

“ACAP and its member Safety Net Health Plans appreciate the work performed by OIG in this study. Access is a critical issue in all health care programs, not just Medicaid managed care. We stand ready work with our industry colleagues, provider partners and CMS to assure timely access to care.

“We are concerned that the analysis contained in this report conflates access to a specific provider with access to care. If a provider was unavailable within a certain period of time but an alternative provider was offered, it does not appear that the report accounted for such alternatives. Accounting for such alternatives may square the findings of this report with the note from CMS that surveys of Medicaid health plan members find access to and timeliness of care to be comparable to coverage through a private plan, or a Medicare Advantage plan.

“Nevertheless, this report highlights an important issue that is faced by participants across the managed care spectrum: maintaining and publishing accurate lists of participating health care providers. Provider directories are a primary information source for consumers, and Safety Net Health Plans work diligently to provide up-to-date provider directory information to their members and to assist them in accessing care in cases should they experience difficulties.

“But keeping this information up to date is a challenge for everyone involved in managed care. In some instances, provider practices are inconsistent in reporting updates such as changes of address, changes to the roster of practicing providers in a practice, or changes in network status. And it’s often not easy for providers—in many cases they must report changes to several entities, sometimes in different formats.

“ACAP and its member plans are committed to providing the populations we serve reliable access to coverage they can count on. We look forward to working with CMS and allied organizations to address the issues raised in this report.”

About ACAP

ACAP represents 58 nonprofit Safety Net Health Plans in 24 states, which collectively serve more nearly twelve million people enrolled in Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and other public health programs. For more information, visit www.communityplans.net.

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