

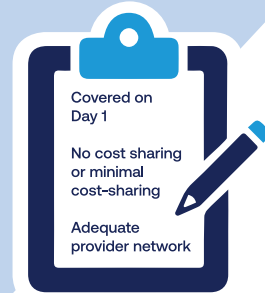
Access to Healthcare:

“Access to care” is a phrase frequently discussed. What does it really mean?



1. Coverage:

Access means a health plan (private insurance, Medicaid, Medicare, etc...) should pay for the services with minimal or no cost sharing. The plan should pay for all of it and the patient should pay little to nothing.



2. Transparency:

Access means the treatments and services covered are clearly listed in plan documents, including formularies, member handbooks and summary of coverage documents. Documentation should be in the language that patients speak. Documents and coverage information should be available to patients prior to signing up for the plan. Information about what a plan covers should be easy to find and easy to understand.



3. Lack of Barriers:

Access means that minimal (and preferably no) barriers exist. Any prior authorization requirements, including completing counseling and stepped therapy should be clearly indicated. Patients and providers should not need to fill out mountains of paperwork to have access to a treatment or service.



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