

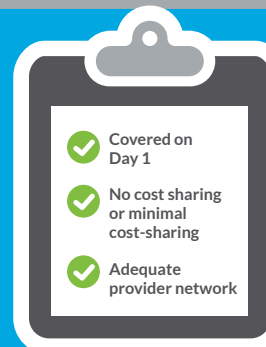
Access to Healthcare:

“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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