

How narrow is it? Government begins limited test of comparison tool for health plan networks

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The incredible shrinking provider network is nothing new in marketplace plans. One way insurers have kept premiums in check on the individual market is by reducing the number of providers available in a plan's network. Earlier this year, the federal government said that it would introduce a tool this fall to help consumers who are shopping on HealthCare.gov gauge how narrow a plan's provider network is compared with others in the area.

But most consumers who want that information will have to wait at least another year. The Department of Health and Human Services recently announced that the pilot project to test the network breadth tool just got a little, well, narrower.

Consumers can already check whether specific doctors or hospitals are included in a marketplace plan's provider network on HealthCare.gov. But there's currently no way to easily measure the breadth of a plan's provider network. This can be an important factor for some [consumers](#), especially given the growing number of plans with no out-of-network benefits.

The new tool will designate marketplace health plan networks as "basic," "standard" or "broad" based on how they compare with other health plan networks in a county. The label will reflect the availability of three types of providers: primary care, pediatricians and hospitals.

Originally, network-breadth information was going to be available for the 35 states on HealthCare.gov, the federally facilitated marketplace. But in August HHS announced it would make the tool available in just six unnamed states.

In September, HHS said it would shrink the pilot still further, to four states - Maine, Ohio, Tennessee and Texas.

The information will be available sometime during the open-enrollment period for 2017 coverage that runs from Nov. 1 until Jan. 31.

The government will consider expanding the pilot to additional states and types of providers in future years, the notice said.

In 2015, an analysis by the management consultant firm McKinsey & Company found that 55 percent of hospital networks for marketplace plans were broad, meaning more than 70 percent of hospitals in a specified area participated.

Twenty-two percent of networks were classified as narrow, defined as those in which 31 to 70 percent of hospitals participated, and 17 percent were labeled ultra-narrow, meaning 30 percent or less participated.

Labels like "health maintenance organization" and "preferred-provider organization" aren't necessarily meaningful in communicating whether a network is broad or narrow anymore, said Sabrina Corlette, research professor at Georgetown University's Center on Health Insurance Reforms who has written about the network breadth pilot project.

Although the tool will let people compare networks in their area, still, "it's all relative," Corlette said. "If you've got a market where every single network is narrow, this network breadth rating is less useful."

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