



Narrow network adequacy methods

Overview

There has been a great deal of concern over the exact makeup of the in-network benefits offered on the individual exchanges created under the Affordable Care Act. The issue of network adequacy, especially for specialist physicians, is well known among the medical community and has been gaining increased public attention. Unfortunately, little has been done in the way of examining and measuring the adequacy of the networks offered on the exchanges, particularly as it relates to specialty care.

Some specialty societies have begun conducting formal studies into the network adequacy of the physicians they represent. In hope of gaining greater context on the issue of overly skinny networks, a brief, limited study of the network adequacy for allergy and immunology physicians in insurance plans offered in the exchanges created under the Affordable Care Act was undertaken. Specifically, the study looked A/I physician availability in Health Plans available in Fairfax County, Virginia and through the California Exchange, Covered California (Covered CA).

California results: allergy and immunology

For the most part, the results were not surprising. The exchange EPO network for Blue Shield of California (Anthem) was smaller than the exchange PPO network, which was in turn smaller than the off-exchange PPO network. EPOs are, by definition, more exclusive than a PPO and it was expected that there would be fewer A/I physicians in networks offered on the exchanges as compared to networks offered off the exchanges. The main focus of our curiosity was not to confirm this assumption, but to examine how much of a discrepancy actually existed.

The EPO and PPO provider networks Anthem offered to individuals purchasing insurance through Covered CA were the same, regardless of Medal level (bronze, silver, gold or platinum). In other words, an individual purchasing the Anthem Silver EPO product had the same network as an individual purchasing the Platinum EPO product. However, when compared to the comparable commercial insurance products Anthem offered (i.e. off-Exchange) the Exchange networks were typically smaller than the off-exchange PPO plan (Anthem does not offer an off-exchange EPO product).

Networks were also much smaller in rural areas, presumably because those areas have a lower density of A/I physicians.



Some locations showed a large disparity in A/I coverage between networks, and these are the areas that will be the areas of greatest concern. In a Sacramento zip code, for example, the exchange EPO did not offer access to any in-network A/I physicians within 30 miles, while the off-exchange PPO offered access to 50 A/I physicians in the same search area.

Similarly, an exchange EPO offered access to five A/I physicians in Pescadero, but the off-exchange PPO offered access to 104. These disparities raise questions about adequacy of networks to cover allergy and immunology care even in places with proven high densities of A/I physicians.

Fairfax, County, Virginia results: allergy and immunology

The Fairfax County results were similar to our findings from California. In this case, we did a search for A/I physicians within a 30 mile radius of zip code 22153 (Springfield, VA). Below is a chart showing our findings.

	CareFirst Silver	CareFirst Platinum	CareFirst Commercial
Allergy/Immunology In-Network Physicians	9 total	178 Total	206 Total
	*5 Board Certified	83 Board Certified	105 Board Certified

*All five of the board certified A/I physicians are in one physical location.

These results suggest that the “skinny network” issue is real and measurable. Indeed, the disparity in some markets is so dramatic that these would be more appropriately considered “anorexic networks.”

CareFirst not only allowed us to search by self-designated specialists, but determine who among those identifying with a particular specialty, were actually Board Certified in that Specialty. As you can see, nearly 50% of those physicians identifying as being A/I physicians were NOT Board Certified in this specialty. It was not clear from the CareFirst information how a physician who was not “board certified” was able to self-declare a particular specialty.

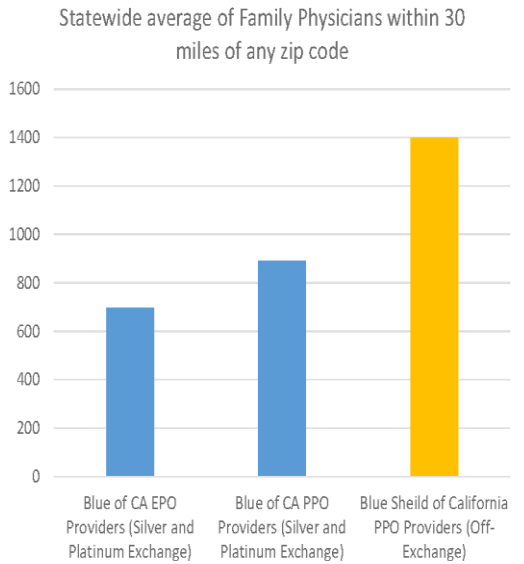
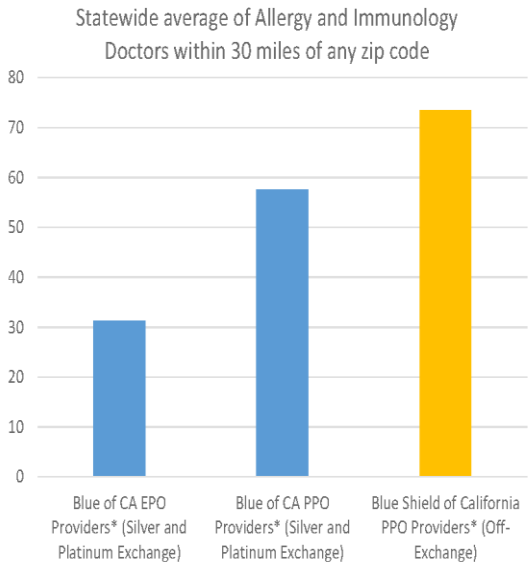




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