

Leonard D. Schaeffer Center for Health Policy & Economics

Limited Networks

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Economics of Networks (1)

- Context for network strategies
 - Insurer role as bulk purchasing agent for enrollees
 - Approaches to use size to get lower prices
 - Provider market becoming more consolidated
 - Horizontal mergers
 - Hospital acquisition of physician practices
 - Strong headwind for purchasing



Economics of Networks (2)

- Insurer leverage with providers based on ability to shift volume from high-priced providers to others
 - Network strategy potentially more potent approach than high deductibles and price information
 - Simpler tasks for enrollees—less information to gather and process



Economics of Networks (3)

- ACA exchange is ideal marketplace for narrow network plans
 - Enrollee sensitivity to premium differences
 - Affordability a challenge for most in this market
 - Tax credits do not vary with plan purchased
 - Metal tiers make plan comparisons easier
 - Absence of "one size fits all" requirement
- Almost half of ACA networks are narrow (McKinsey)

Price, Efficiency, Quality (1)

- Initial focus of limited networks on unit prices
 - Shifting volume to lower-priced providers
 - Negotiating lower prices
 - Longer-term potential to spur provider efforts to contain costs
 - Market-level effects of growth in limited network plans
 - Magnifies stakes for providers



Price, Efficiency, Quality (2)

- Potential to assess broader measures of price and quality
 - Per episode
 - Per enrollee over a year
 - Basis for dropping providers from network
 - An enhancement when analytic tools good enough
 - Analytic parallels in reformed payment
 - Progress in defining bundles and measuring quality applicable to both



Narrow vs Tiered Networks (1)

- Narrow networks more powerful tool
 - Stronger steering incentives
 - Resulting larger discount on premium
- But tiered networks have potential for broader consumer interest
 - Choices at point of service rather than for a year
 - Popularity of PPOs and tiered formularies
 - More compatible with broadACOs
 - ACO as a tier California model



Narrow vs Tiered (2)

- Why so few tiered networks?
 - Insurance exchanges a favorable environment for narrow network products
 - But employer plans a good environment for tiered networks
 - Contracting practices blocking the approach
 - Provider demands to be placed in preferred tier ("anti-steering")
 - Supporting tiered networks in Massachusetts
 - Purchasing and regulation of contracting



Network Regulation (1)

- Context of unexpected rapid growth in product
 - Problems arose that need solutions
 - Popularity cautioned policy makers on using regulation to suppress the product
- Transparency shortcomings
 - Essential to have real-time accuracy on provider directories
 - Part can be done through IT
 - May need more structured contracting



Network Regulation (2)

- Network adequacy
 - Consumers need most support on specialists for conditions they do not currently have
 - Less support on whether PCPs close enough
 - Also need to prevent risk selection through lack of specialists for expensive conditions
 - But assessing adequacy of specialists is very difficult
 - Especially given increasing sub specialization
 - Alternative of strong appeals process



Network Regulation (3)

- Physicians that patients do not choose
 - Compelling challenge that applies to all networks
- Any Willing Provider laws
 - Most date to 1980s
 - Magnitude of new interest not clear; SD unique
 - Particular threat to cutting edge approaches to networks
 - Using broad measures of price and quality
 - Plans limited to a major delivery system



Concluding Thoughts

- Narrow networks a particularly potent competitive tool to address high and rising medical prices
- Substantial evolution likely
 - Analytics to help measure more meaningful prices and quality
 - Regulation of transparency and network adequacy
- Potential for tiered networks depends on regulatory steps to support



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