

Episode 2: Get Savvy...The Narrow Network...Is It Too Narrow?



Note: This is a machine transcription. Please excuse any punctuation or other weirdness:)

Intro:

I got a call from a friend. She was out walking her dog. She recently adopted and he got spooked and jumped, causing her to trip and fall. She got home and was struggling with pain in her leg. She went to the provider directory of her insurance company to find a doctor, but every time she called to schedule an appointment, they told her they didn't accept her plan. She called her insurance companies customer service line and was waiting for a call back. In the meantime, the pain in her leg was beginning to worsen. Still waiting for a callback from her insurance company, she called me. I asked her to read to me, specifically the plan name on her card

Wearing my physician consulting hat, I knew that she was in a narrow network plan. I was able to recommend to her a group she could reach out to who accepted her plan. She got a consult the next day and turns out she had a broken tibia. She was scheduled for surgery the following day. Thankfully, she's back to her old self again, but what a frustrating experience. And she never got that call back from her insurance company. She purchased her plan off of the exchange, but didn't fully understand the limits of a narrow network plan. In this episode, we are going to discuss what a narrow network plan is and how to make sure it works for you.

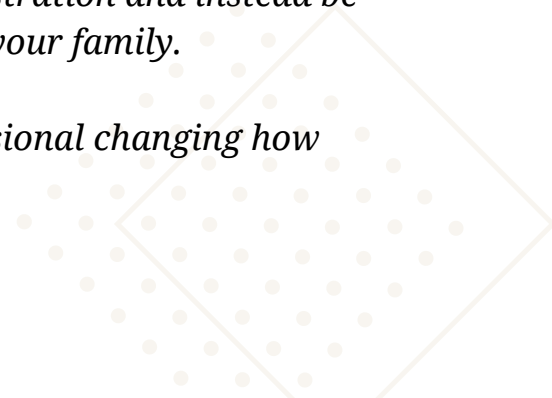
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Get Savvy with your host, Sandy Kibling, a healthcare professional changing how healthcare knowledge is shared.



Podcast

Hello and welcome to Episode 2, The Narrow Network. Is it too narrow? Health insurance companies every year create new plans to appeal to their current subscribers and new subscribers.

Now when I talk about plans, I am referring to the different names you may see on your insurance card like Pathways Gold or Silver or Select One or Blue Prime. These plans vary in cost and have different service offerings and in some cases may limit your access to provider groups and facilities. We see these new plans at open enrollment which is always an interesting time with so many options for insurance, it can be confusing. One of these options that is offered is what is referred to in healthcare lingo as a narrow network.

So what is a Narrow Network anyway? A Narrow Network Plan offers a smaller pool of doctors, hospitals and treatment centers. Health insurers work with these groups to accept a lower price for services, with the expectation they will get more patient volume. Health insurers can then offer these plans at a lower rate on the exchange to you. While this means a lower monthly out of pocket cost, this may also mean limited options. Let's take this example.

Let's say you were planning a total knee surgery. In a PPO plan, you may have access to 20 orthopedic groups in your area with a Narrow Network Plan, you may only have access to three groups in your area. You may also be limited to having your procedures done at certain facilities and also you could be impacted by access time to see a provider or schedule your service if there are fewer options to choose from.

Now that we have that example in mind, let's cover some additional key points.

Who Is In Network?

A Narrow Network typically has 2 % or less of the physicians in the local area participating. The most restrictive plans have less than 10 % of local doctors signed on, and contrast plans with broad networks are likely to have upwards of 70 % of local providers in your area participating. A Narrow Networks may use one healthcare system for care, and this may allow for coordinated care and easy access to your comprehensive medical records.

1. This is usually like a large Medical Group in your area, like a Covenant Health or University represented Medical Group like Duke Health.
2. Usually no referrals are needed when care is provided by the designated healthcare system.
3. Narrow networks increase touchpoints with primary care physicians who become the navigators to specialist. Having a collaborative community of doctors eliminates the confusion that often comes with self directing and coordinating care while also helping to achieve and maintain health for many also offer additional benefits such as free health coaching, virtual care management for those that are at most at or most at risk for chronic health conditions, and access to cost saving tools such as cost estimators and health portals.

So who is this plan right for? Well, if you're young and healthy and don't need to see your doctor very much, or you don't mind having a limited option of providers to choose from or potentially losing access to your favorite provider who may not be in the narrow network.

So let's talk about this a bit further, considering a few scenarios.

The Walkers

Husband and wife in their early thirties and both are entrepreneurs just starting their business.

They don't want to go without healthcare. They're healthy and mainly need to get care for annual visits, prescription refills and the general comfort of knowing they are established with the provider at a practice should something unplanned come up.

In this case, this might be a plan that works for them. It's going to save them dollars each month in healthcare expenses, but it's going to give them what they need in terms of getting that care and that comfort if they need something should something come up.

Joe B.

Joe worked in Corporate America and is now leaving and going to be an independent consultant. Joe has been putting off his total knee replacement but the pain is becoming unbearable and he plans to get the surgery done in the coming year.

He has had several consultations and really likes the orthopedic group and his surgeon. While evaluating plans he needs to make sure the narrow network plan includes the this orthopedic practice.

Joe also needs to make sure that the facility that is surgeon performs these surgeries is also in network. So the narrow network plan is a maybe for Joe until he verifies of course by calling his provider to make sure they take that narrow network plan.

Cindy S.

Cindy was recently laid off from her employer. Her healthcare will run out in six months. The COBRA option is too expensive but at 55 while healthy she knows she needs coverage.

Cindy also struggles with a retina condition and has been seen by Doctor C. for years and trusts him and is pleased with the care she has been getting. As Cindy reviews the plan and calls her retina provider to ask if they take the narrow network plan she finds they do not.

Cindy struggles with buying a higher price plan or could she just pay out of pocket for her retina specialist? She evaluates the cost of a visit by her retina provider which is \$650 and she must see this provider every six weeks.

Cindy does the math and decides this plan is not for her.

Hopefully these scenarios are helpful and guiding you to think through and perhaps apply to your current situation and help you make that decision that's going to work best for you and your healthcare needs

If you're still pondering a narrow network plan and wondering, gosh, is it really right for me and my family, here are some tips to consider.

1. Make a checklist of your healthcare needs. Write it down to put it in a voice memo, a note app or an Excel spreadsheet. Writing them down puts it in a different perspective.
2. Note the providers you currently see is that primary care physician you've seen for years or your favorite podiatrist, maybe these are providers you're like...I really like seeing these groups and I'm not going to change doctors. So make sure you make a note of that.
3. Do you have any upcoming procedures or surgeries planned? Because if you do like our in our scenario with Joe B, you're going to want to make sure that surgeon and that facility is in network.
4. What's important to you? Is that being able to get to an appointment within a week, is that the location and not having to drive over 15 miles to get to an appointment? OR Is it not having to change providers? Or if a procedure needs to be done, you can go to your facility of choice. Write down what the important things are and evaluate...is the lower price worth it? Can you do without some of these things in exchange for lower price than a narrow network plan offers?
5. What if you end up say in an ER and it's out of network and you're in one of these plans? Are you responsible for the out of network cost? prior to 1/1/2022 you would have been responsible, but with the No Surprise Bill Law that went into effect as of this recording 1/1/2022, it protects you from these out of network bills. Let's say that you were in a car accident. Obviously the care team's going to take you to the nearest facility. If that facility is not in network with your narrow network plan, you would not be responsible for the out of network bills. The No Surprise Bill Law protects you from having to pay those expensive out of network bills.

I'll include some resources if you'd like to know more about this in the show notes.

So now that you've done your checklist and you're ready to shop, how do you spot a narrow network plan anyway?

Well, it can be very hard for the average consumer just looking at a provider list to say, well, this must be a broad network or this must be a narrow network.

If it's a lower cost plan, it typically falls in this category, but to be sure there you could actually call the health insurance company that has that narrow network plan. They usually have, especially during open enrollment, phone numbers that you can call and talk to a representative.

Now that you have this knowledge under your belt, you know the right questions to ask to confirm if it's a narrow network plan

So let's say that you've said...you know I can do the narrow network plan. I don't mind it. I've reviewed my checklist. It's OK for me.

OR

You have decided...I don't want to sign up for this plan if it means I have to change my primary care group. I've been seen by this group for years and I don't want to change.

So if you want to make sure that you're not going to be in that predicament, here are some things that you can do.

1. Go to the health insurance companies provider directory as most have an option where you can choose shopping around and make sure you go through the options like typing in medical and then the state and then choose the plan. Make sure you choose the plan that you are considering for the narrow network plan. Again whether that's blue prime or you know pathways, silver plan, whatever it may be, make sure you choose that option. This is important. While a group may be contracted with, say, Anthem, they may not be contracted with every plan that's offered.
2. If you complete the search and the provider does not come up, then that likely means that provider is not in that narrow network plan.
3. You can also search by provider and then click the insurance options and it will show all the specific plans that provider takes. I should note that this information is only as good as a health insurance companies provider directory update process. When I worked at an insurance company in 2019 there were many challenges with provider directory updates. However, Medicare is coming down on health insurance companies to make sure they have accurate directories and in some cases finding them if the data isn't accurate.
4. So to be extra sure, you can call the providers office to inquire if they take that narrow network plan. They usually have that list of different plans that they take per for each specific health insurance company. I also have to add that being a physician consultant, I have found that sometimes provider groups don't always know all the details of their contracts. So I believe a combination of looking at the provider directory and calling should get you the answers that you need.

5) You can also use an insurance broker typically acts as an intermediary intermediary between you and the insurer. Armed with both your background and their insurance, know how they can find a policy that best suits your needs for reasonable price. Now while brokers can save you time and money, you may have to pay a broker fee for their services.

I'll link to a few resources in the show notes for you.

In conclusion, remember my friend that called me and was having trouble finding a provider's office that took her plan?

Understanding that narrow network was a challenge and while she went to the provider directory and started calling, she just didn't know she was limited to a doctor affiliated with a narrow network and that she could only go to certain facility for care.

She had a broken bone and the first 24 hours are essential for treatment and healing. She lost two days trying to navigate a system and waiting for a call back from customer service that would never happen.

I hope that you won't find yourself in this predicament and that this information and resources helps you better understand the Narrow Network and if it works for you or if it's just too narrow for you.

Our next episode we're going to talk about Cost Plus Drug, a healthcare disruptor changing how you can get your prescription medication at manufacturers cost.

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I appreciate your time today.

Get Savvy!