

Oregon insurers, consumer advocates, business and docs set to duke it out over network rules



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The Oregon Insurance Division is taking steps to ensure that health insurance plans offer sufficient provider networks.

An advisory committee made up of insurer, consumer, business and provider representatives held its first meeting earlier this week in Salem to develop a framework for “network adequacy” rules. The Affordable Care Act requires such rules for plans sold through exchanges, but the rules would apply to all health plans.

The committee is also drafting language for a bill to be considered by the Legislature next year to give the division the authority to create the specific rules and enforce them.

The legislation would call for insurers that offer plan through specified networks to maintain sufficient numbers and types of providers and geographic distribution.



The new rules would spell out sizes of various health care provider networks.

"We want to make sure networks are sufficient, including mental health, so it's accessible without reasonable delay," said Gayle Woods, senior policy adviser for the Oregon Insurance Division.

Plans would also need to make current provider directories available upon request.

While "network adequacy" may sound a little wonky, it's highly contentious, especially in Washington, where Insurance Commissioner Mike Kreidler's rules have come under fire from insurers and hospitals alike.

Insurers want flexibility. Providers, including nontraditional practitioners, don't want to be left out. Consumers want choice and transparency around who's in network and how much it costs to go outside.

"Consumers have an interest in having access to a range of networks," said Jesse Ellis O'Brien, health care advocate at the Oregon State Public Interest Research Group.

Jeff Clark, who is on the board of the Oregon Association of Naturopathic Physicians, said he's seeking fair treatment for his profession.

"We have a history of being excluded unfairly from access to patients," said Clark, whose practice is in Tualatin. "What we've found is insurance companies have put a lot of effort into making it difficult to run a successful practice."

Carriers say they want leeway to innovate and rein in costs.

"We're going through a time of developing new and creative arrangements with providers so we can work together to change the screwy incentives in the health care system," said Tom Holt, director of government affairs for Cambia Health Solutions, the parent company of Regence BlueCross BlueShield of Oregon. "Today, most of the incentives are for doing more piecemeal and fee for service. We're trying to move to rewarding people for quality of care and outcomes."

Narrow networks don't include doctors and hospitals that insurers consider too expensive, but fewer providers can mean more coordinated care.

"The tradeoff is if we're going to ask a provider organization to partner with us and manage a group of people's care well, they need to have assurance they're going to be seeing those folks," Holt said. "Everyone isn't going to get to play in every product."

O'Brien said some people benefit from having larger networks and others from smaller.

"I don't think the rules should be so prescriptive they don't allow insurers to direct people to higher value care," he said. "The issue is how do you hold insurers accountable for making sure people are getting the care they're paying for and ensuring a baseline of access?"

Elizabeth Hayes covers health care for the Portland Business Journal.