

Georgians For a Healthy Future

Network Adequacy Explained

When consumers enroll in a health insurance plan, they gain access to a network of medical providers. Insurance companies contract with a range of providers, including both primary care and specialty physicians, to deliver health care services included within the plan's benefit package. This network of providers must be adequate to ensure that consumers enrolled in the plan have reasonable access to all covered benefits. This is what is meant by network adequacy. More specifically, to be considered adequate, a network must provide adequate numbers, types, and geographic distribution of providers; must ensure that access to care is timely; and must include essential community providers that serve predominantly low-income, medically underserved individuals. Additionally, accurate information about providers must be made available to consumers.

Network adequacy has become a hot topic over the past several months because many consumers who enrolled in new health plans through the Health Insurance Marketplace found that their plan came with a [narrow network](#) of providers. Provider directories weren't always [accurate or up-to-date](#), and consumers expressed a fair amount of confusion over which providers were in their plan's network.

At the same time, the National Association of Insurance Commissioners (NAIC), which develops model laws and rules that states often adopt, has been working to [update its network adequacy model law](#). Stakeholders ranging from insurers to medical providers to patient and consumer advocates are weighing in on this process, making network adequacy a hot topic in the policy arena too. Georgians for a Healthy Future has been monitoring this process through the participation of our executive director as one of the [consumer representatives to the NAIC](#). Earlier this summer, the consumer representatives submitted comments to the NAIC focusing on developing a stronger standard and better oversight of network adequacy, an end to ["balance billing"](#) by out-of-network providers in in-network facilities, and greater transparency of provider networks.

Georgians for a Healthy Future will continue to monitor this process and will advocate at all levels, in conjunction with state and national partners, to ensure consumers have meaningful access to care.

If you are an individual consumer enrolled in a commercial health plan and the provider directory you were given was incorrect or if you have concerns about your ability to access covered services under your plan, please contact the Georgia Office of Insurance & Fire Safety, Consumer Services Division by calling (800) 656-2298 or use the Consumer Complaint Portal at www.oci.ga.gov/ConsumerService. Please also consider sharing your story with Georgians for a Healthy Future so we can get a better picture of what is happening in our state.

For more information on network adequacy, please see the following reports and resources:

From Georgetown Center on Health Insurance Reforms: [Reforming State Regulation of Provider Networks: Efforts at the NAIC to Re-Draft a Model State Law](#)

From Robert Wood Johnson Foundation and Georgetown University Health Policy Institute: [ACA Implications for State Network Adequacy Standards](#)

From Families USA: [Network Adequacy and Health Equity: Improving Private Health Insurance Networks for Communities of Color](#)

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[Covering Kids & Parents](#) [GHF welcomes new health insurance navigator!](#)

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