ACA Implementation—Monitoring and Tracking

Physician Network Transparency:
How Easy Is It for Consumers to Know What They Are Buying?

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With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of the Patient Protection and Affordable Care Act (ACA) of 2010. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform in selected states to help states, researchers, and policy-makers learn from the process as it unfolds. This report is one of a series of papers focusing on particular implementation issues in these case study states. Cross-cutting reports and state-specific reports on case study states can be found at **www.rwjf.org** and **www.healthpolicycenter.org**. The quantitative component of the project is producing analyses of the effects of the ACA on coverage, health expenditures, affordability, access, and premiums in the states and nationally. For more information about the Robert Wood Johnson Foundation's work on coverage, visit **www.rwjf.org/coverage**.

INTRODUCTION

Transparency of insurance plan differences is important for consumers to make informed purchasing decisions, and it is important to developing effective competition across plans and insurance carriers. Among non-elderly adults who explored health insurance options under the Affordable Care Act (ACA), 78 percent used the websites developed by states and the federal government.[1] Roughly 60 percent of those using the websites were actively seeking to purchase health insurance or determine whether they were eligible for subsidized coverage, meaning many were using the information available there to identify their options and make plan decisions. About 48 percent of adults uninsured before reform and 68 percent of adults previously purchasing nongroup insurance reported that the choice of medical providers offered in a plan is very important in their choice.[2] Given the importance of provider network in making choices and the centrality of the websites for exploring options, how easy is it for consumers to find and use physician network information via the Marketplace websites?[3]

We studied 9 states' websites (California, Connecticut, Oregon, Colorado, Massachusetts, Minnesota, Rhode Island, Washington and the District of Columbia) and the federal healthcare.gov system. We are not able to assess network adequacy at this time, so this analysis focuses exclusively on the clarity, accessibility, and functionality of the directories. We assessed the websites on the following characteristics:

1. How clear is the plan type (e.g., health maintenance organization [HMOs], preferred provider organization [PPOs], point of service plans [POS plans], exclusive provider organizations [EPOs], narrow network, or tiered network) of each offering, given that these types are the first signal to the breadth of the providers reimbursed by the plan and the costs faced by enrollees using them?
   a. Though we found examples of Marketplaces that clearly labeled plans according to most of these categories and that defined the plan types in simple to understand ways with the definitions easily seen,
   b. Most states did not do so, and none clearly identified multitiered plans.

2. Are directories of participating physicians embedded in the Marketplace websites, or do they reside on carrier sites?
   a. Only three states in the study embedded their physician directories in the Marketplace websites.
   b. The others relied upon carrier websites, causing inconsistency both in format and information provided across carriers and often making directories associated with a particular plan difficult or impossible to find.

3. How effective and consumer-friendly is the functionality of the physician directories?
    a. Some of the directories had extremely effective functionalities, allowing consumers to identify the inclusion of specific physicians, search for physicians that meet many criteria simultaneously (such as accepting new patients), and visualize the number of physicians of a given type within a defined geographic area.
    b. Others had very limited functionality or were clearly not working as intended.

Methodological Notes: To enroll in coverage via Marketplace websites, individuals must provide sufficient information for the IT system to verify their identities as residents of a particular state. Marketplace websites often provide access to different information for those whose identities have been verified and those who would like to browse plan information anonymously. Given our inability to establish verifiable identities in each of these study states, we analyze the information accessible via the anonymous browsing portions of the sites. The two exceptions to this are California and the District of Columbia. The District of Columbia's Marketplace does not currently offer anonymous browsing; consequently, we established a local identity to review the site's capabilities. We were also able to establish a local identity in California and compared the anonymous and registered-shopper capabilities of that state.

Oregon has decided to use healthcare.gov for the coming year because of the substantial IT problems with their website, Cover Oregon.[4] However, we include Oregon in this analysis because it had interesting components that may be instructive for future Marketplace improvements.

It is also important to note that the Marketplaces studied here, as well as the individual insurers' websites, are changing rapidly. We have reported on the state of these websites at the time of our study. It is possible that websites have changed since that time.

HOW TRANSPARENT IS THE PLAN TYPE OF EACH OFFERING?

With health status and other forms of premium rating prohibited (except age and smoking status), many health insurance carriers report that network size and type are the primary tools available to them to cut costs and remain competitive in the changing individual insurance market in 2014 and beyond. The use of narrow networks (sometimes called "value networks") and tiered networks has enabled plans to keep costs low, but the consumer is often left unaware of these networks' natures. First and foremost, plan type is often an important factor in determining network size. HMOs and EPOs generally place stricter limits on which physicians will be included in their networks, while PPOs and POS plans are often more inclusive.[5] In most cases, HMOs and EPOs do not provide reimbursement for the use of physicians outside of their networks. PPOs and POS plans will reimburse for the use of non-network physicians, but the out-of-pocket cost for the enrollees who do so will generally be substantially higher than when they use in-network providers. The differences in these classifications, their implications for physician access and the costs associated with decisions to use particular physicians is new to many of the uninsured, particularly those obtaining private insurance coverage for the first time.

In several states, insurance carriers have introduced the use of tiered networks in recent years, as a mechanism to contain premiums while offering a nominally broader network of providers. In a tiered network arrangement, a carrier places different physicians and other types of providers into different tiers of consumer cost-sharing, with those contracting at lower rates or having a history of efficient medical practice associated with lower levels of cost-sharing, and others associated with higher levels of cost-sharing. All the providers in all of the tiers are considered to be part of the plan's network. Thus, a consumer can select an in-network provider, and without careful attention, select a provider in a higher cost-sharing tier, leaving them with substantially larger out-of-pocket cost responsibilities than anticipated. For this reason, transparency of both plan and network type are extremely important for consumers when selecting an insurance plan.

HMO, EPO, PPO, and POS Plan Distinctions

We used several criteria to assess how well Marketplaces identified plan types for their potential consumers. First, we identified whether the site clearly displayed plan type along with the basic plan details provided. Second, we determined how easy it was for a consumer to get an accurate definition for each plan type. Websites that provided "hover definitions"—definitions of plan types that appear when the cursor is positioned over the term HMO, EPO, PPO, POS plan, etc.—were given higher ratings. Finally, we assessed

how easily a consumer could determine whether a network, regardless of plan type, was broad, narrow, or tiered. During this process, we were looking for the system that provided the most network transparency with the least effort for the consumer. We grouped the study states into three categories based upon their effectiveness in displaying plan and network type. On the lower end of the effectiveness spectrum, we place Connecticut, the District of Columbia, and Rhode Island. We considered Colorado, Oregon, and Washington moderately effective. California, Healthcare.gov, Massachusetts, and Minnesota were most effective in this type of transparency.

We found that the availability of and ease in finding plan type information while browsing anonymously varied greatly among the studied Marketplaces. Some state Marketplaces labeled plan types; others relied on the plan names to indicate the type of network, but not all plans adopted the approach. Certain website designs make it difficult for the consumer to adequately understand the effect that their choice of plan type will have on their costs and their access to providers.

The Massachusetts Health Connector, the troubled website of the Massachusetts health Marketplace, provides perhaps the most transparency in terms of provider networks across the states studied. The Massachusetts website does not indicate the plan type unless the type is included in the plan name, but it does have a section entitled "provider network disclosure." This box, after selecting for more details, provides a user with one of several detailed descriptions of the network. These descriptions include the following:

- "This is a General Provider Network plan. If you purchase this plan, you will receive services through the broadest network of health care providers offered by this insurer," and
- "This is a limited provider network plan. If you purchase this plan, you will:
  - receive an ID card displaying the network name and the word limited
  - cannot cancel early or switch plans due to changes in the provider network.
  - will have access to fewer providers compared to this insurer's general provider network
  - know there is a doctor/provider acceptance tool (above) and understand that services are covered with listed providers only."

In addition to this disclosure, if a plan is deemed to have a narrow network (although the criteria are unclear for determining what is and is not narrow), it is indicated in large red lettering underneath the plan name.

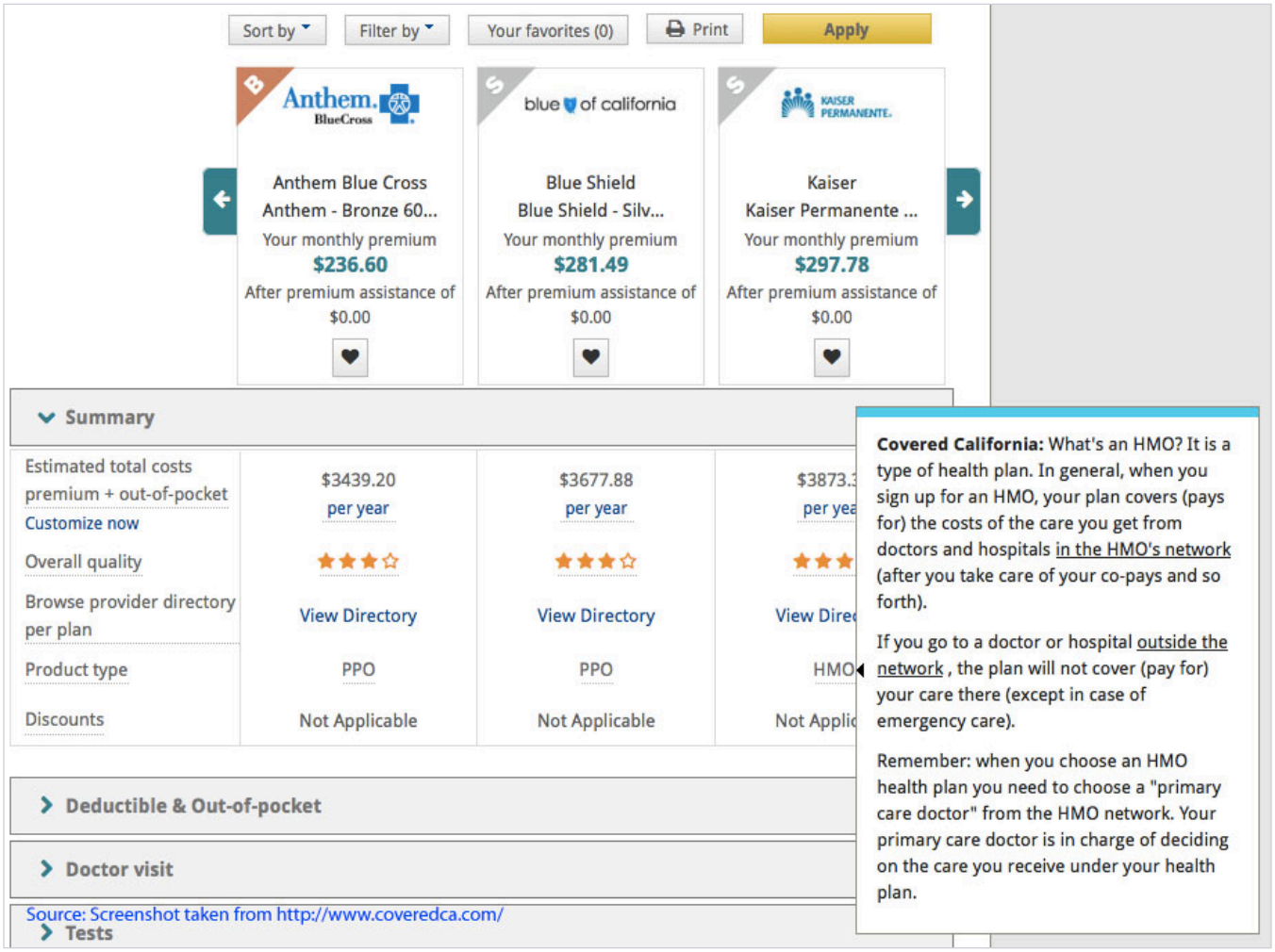
Healthcare.gov has perhaps the best approach of the states studied for identifying plan type for consumers. The plan type is displayed directly underneath the plan name, and the plan name has a hover definition. The fact that the consumer does not have to leave the page is a substantial improvement over many of the state Marketplaces. California and Minnesota also provide hover definitions on their main plan browsing page.

Covered California's hover definitions, however, are only available after creating an account. Covered California has two distinct experiences when searching for plans. The anonymous browsing function does not have hover definitions and the glossary does not contain the definitions of plan type. The glossary does, however, indicate what each plan type is—an improvement over several states studied. Once logged in, a consumer has an entirely different browsing experience. There are clear hover definitions for plan type located underneath each plan description; the plan descriptions also include a brief explanation of the difference between an HMO and PPO (see image 1). Under the PPO definition, Covered California indicates that "unlike an HMO plan, under a PPO plan you do not need to pick a primary care doctor. You have the options to see any of the doctors or specialists inside the network." This approach helps consumers to compare and contrast the implications of different plan choices.

While not performing as well as those just described, Colorado, Oregon, and Washington all have commendable features, including reasonably clear definitions of plan types and ease in finding those definitions. Also, the Oregon glossary provides adequate definitions of the plan type options – HMO, EPO, PPO and POS. It does not, however, provide the plan definitions in this area. Connect for Health Colorado has a glossary with plan type definitions available after leaving the anonymous browsing page. This extra step to find plan definitions is a barrier for consumer understanding of the options available, particularly given that there is no glossary, and it is difficult to use the Connect for Health Colorado general search engine.

Oregon's site allows consumers to search for plans based upon type—HMO, EPO, PPO, and POS plan—a helpful feature found only in one other of our study states, Washington. Also, the Oregon glossary provides adequate definitions of the plan type options – HMO, EPO, PPO and POS. The Washington Health Benefit Exchange website notes the plan type under each listing, but the plan type definitions, though easy to find and clear, are not on the browsing page itself.

Image 1: Example of plan type "hover definition" in Covered California



Source: Screenshot taken from http://www.coveredca.com/

Connecticut, the District of Columbia, and Rhode Island all have similar approaches to the display of plan types, and none rate as well as the others studied. In all three cases, consumers are forced to leave the browsing page to find the relevant definitions, which are often in difficult-to-access locations. None of these states provide the plan type up-front unless it happens to be part of a plan's name.

Tiered Networks

None of the state websites or healthcare.gov sufficiently identify plans as "tiered," although many of the states are known to have such plans in their Marketplaces. Even the Marketplaces that clearly identify plans as HMOs, EPOs, PPOs, or POS plans do not include information about whether the plan is tiered. This omission is likely leading to considerable confusion for consumers once enrolled in these more complex network design options. Examples of tiered network plans include PreferredOne in Minnesota, Land of Lincoln in Illinois, and Medica in Minnesota.

Land of Lincoln is one example of the federal Marketplace relying upon the carriers themselves to identify the tiered nature of their networks on their own sites (rather than on healthcare.gov), but there is no standard for how that is done. For 2014, Land of Lincoln rented a provider network from Healthlink, a Wellpoint subsidiary, and therefore uses the Healthlink website. This site indicates there are tiers of providers, but does not indicate the cost-sharing differences associated with the different tiers. Thus, a consumer trying to choose a plan that includes his or her own doctor will not be able to see the cost to him or her of using that doctor under this plan as compared with another.

Recommendations

A number of preferred strategies emerge after examining the study states. First, the presence of clear and accurate hover definitions as seen with Healthcare.gov, California, and Minnesota is the ideal method for showcasing the plan type and initial indication of the size of the physician network, ideally while browsing anonymously as well as with a verified identity. Not requiring the shopper to look at multiple pages or follow links to understand the basic differences in plans' physician networks, a key characteristic of a plan, greatly simplifies and eases the comparison effort.

Another recommended approach is Massachusetts' obvious disclosure of limited versus broad networks. Massachusetts provides the consumer with clarity regarding network size, a particularly useful option for those who have not previously had coverage and are looking to connect with a doctor. As noted above, however, no system adequately displays when a network is tiered and this information should be added to the list of plan and network types shown.

IS THE PROVIDER DIRECTORY EMBEDDED IN THE MARKETPLACE WEBSITE OR ON EXTERNAL CARRIER SITES?

In addition to plan and network-type classifications, the accessibility and functionality of provider search directories varies across states. These directories are either embedded in the Marketplace website itself or located on external insurance-carrier websites. Provider directories located directly on the Marketplace website have many advantages over external directories. Embedded directories typically allow for fast and easy access, increasing the likelihood that consumers will use the directory and thus make plan choices that are more conducive to meeting their specific needs. Embedded directories also make it easier for consumers to compare directories across different carriers and plans, as well as eliminate the complexity of locating a desired Marketplace plan in an external directory.

Of the three state websites in this study that have embedded provider directories, Massachusetts' directory functions best, including all of the search functionality (discussed further in the next section) directly within the Marketplace website. Washington also has an encouraging Marketplace design with an embedded directory similar to Massachusetts's; but shoppers cannot filter by specialty directly on the Marketplace site. To see a plan's full provider network instead of searching for a particular physician by name, consumers must go to the external carrier's website, complicating the process; however, the Marketplace's website provides direct links to the pertinent directories. Colorado's embedded directory is similar to Washington's in that its embedded functionality allows consumers to search by the name of the physician and/or facility they would like included in their plan. However, unlike Washington's site, there are no direct links to insurers' websites to locate the broader information about the full network.

Despite the many advantages of embedded provider directories, a majority of the state websites in this study rely on each participating carrier to provide a link to their own external directory. Most Marketplace websites link to carrier pages where it is difficult to associate a directory with a particular Marketplace plan because network names do not always match Marketplace plan names, and a single insurer can have different networks that apply to different plans. With the exception of Blue Cross Blue Shield of Illinois and Aetna, for example, the majority of Illinois' carrier websites are poor in this respect. Coventry does not explicitly list the name of the marketplace plan networks, when directed from the link on healthcare.gov, potentially leading to confusion for the consumer. In Illinois, the links on healthcare.gov often lead to the general provider search page, which is not plan-specific. This can make it difficult to identify the appropriate network.

In both Connecticut and California, the Marketplaces link directly to insurers' websites. The links are inconsistent, however, in that some go to the carrier's homepage, but others link to either a general search page or a plan-specific search page. In the cases where the link does not go directly to the plan-specific search page, the user must navigate to the provider search page to find network information, and doing so can be difficult. Many of these external search engines do not have an option to search for a particular plan or, in some cases, do not even include Marketplace plans.

Recommendations

Based on this review, the recommended approach for provider directories is to include an embedded directory on the Marketplace website with full search functionality. Following the model of Massachusetts, this is an important step in alleviating the complexity and confusion around network-based plan choice.

HOW EFFECTIVE ARE THE PROVIDER DIRECTORIES' SEARCH FUNCTIONALITY?

Ideally, health insurance Marketplaces should provide consumers with accurate provider directories that present the information in an easily accessible manner to meet the different needs of consumers at different points in their lives, including:

- those who have an existing relationship with a physician and wish to choose a health plan that includes this provider in the network;
- those who do not have an existing relationship with a provider but have specific needs (e.g., needs related to a certain medical condition), and wish to know the in-network physicians and their locations who might meet these needs; and
- those who do not currently have specific health needs or an existing relationship with a provider, but wish to select a provider at a location that is convenient or otherwise desirable to them (e.g., is part of a certain medical group, has high quality ratings, speaks a certain language).

Findings from this study indicate that consumers' ability to effectively search for a physician within any of these scenarios is highly dependent on their state, with state and federal effectiveness in presenting provider directory information varying substantially.

As discussed in the previous section, at one end of the spectrum, some states provide links to consumers to redirect them to the selected insurer's webpage, where they can use the insurer's own search function. The quality and usability of these physician search tools vary widely between insurers. At the other end of the spectrum, several states (Massachusetts, Colorado and Washington)[6] have developed physician directories that are embedded in the Marketplace; thus, consumers can search for physicians in a uniform way across all carriers without leaving the website.

Search Functionality of Marketplace Embedded Physician Directories

Massachusetts's state Marketplace—The Massachusetts Health Connector—features a fully embedded provider search function. On the website, consumers can select up to five physicians at a time and then view which, if any, participate in a given plan. Results are clearly displayed: for each plan, the consumer will see a green checkmark for selected providers that are included in the network, and a red "X" for those that are not. The Massachusetts Health Connector also provides a useful feature for consumers who are not searching for a specific physician. Consumers can search for providers within a radius of up to 100 miles from a selected ZIP code. Results can be further refined by specialty type (including primary care for adults and children), language spoken, gender, hospital affiliation and whether or not the physician is accepting new patients. From these results, a consumer can select up to five physicians and view whether they are included in available Marketplace plans, as described. Although these search functions are effective and user-friendly in searching for a physician, there is no functionality that allows a consumer to view a full list of all physicians for a given plan, thus preventing a plan-by-plan comparison of provider volume.[7]

The Washington Health Plan Finder in Washington has similarly embedded its physician directory functionality. In Washington, a consumer can search for a provider within a 20-mile radius of their ZIP code. Once selected, the search results clearly display whether the selected provider is included in the network for each plan. One notable limitation of this system is that the consumer is unable to select multiple providers simultaneously, and instead must search for a single provider at a time. Additionally, there is no embedded functionality to search for a physician by specialty without knowing his or her name. It is possible to search for all physicians within a given area, but these results are displayed alphabetically, and there is no capability to filter by specialty, whether the physician is accepting new patients, or other criteria. These search results are unwieldy for consumers who do not have a usual source of care and wish to browse available options.

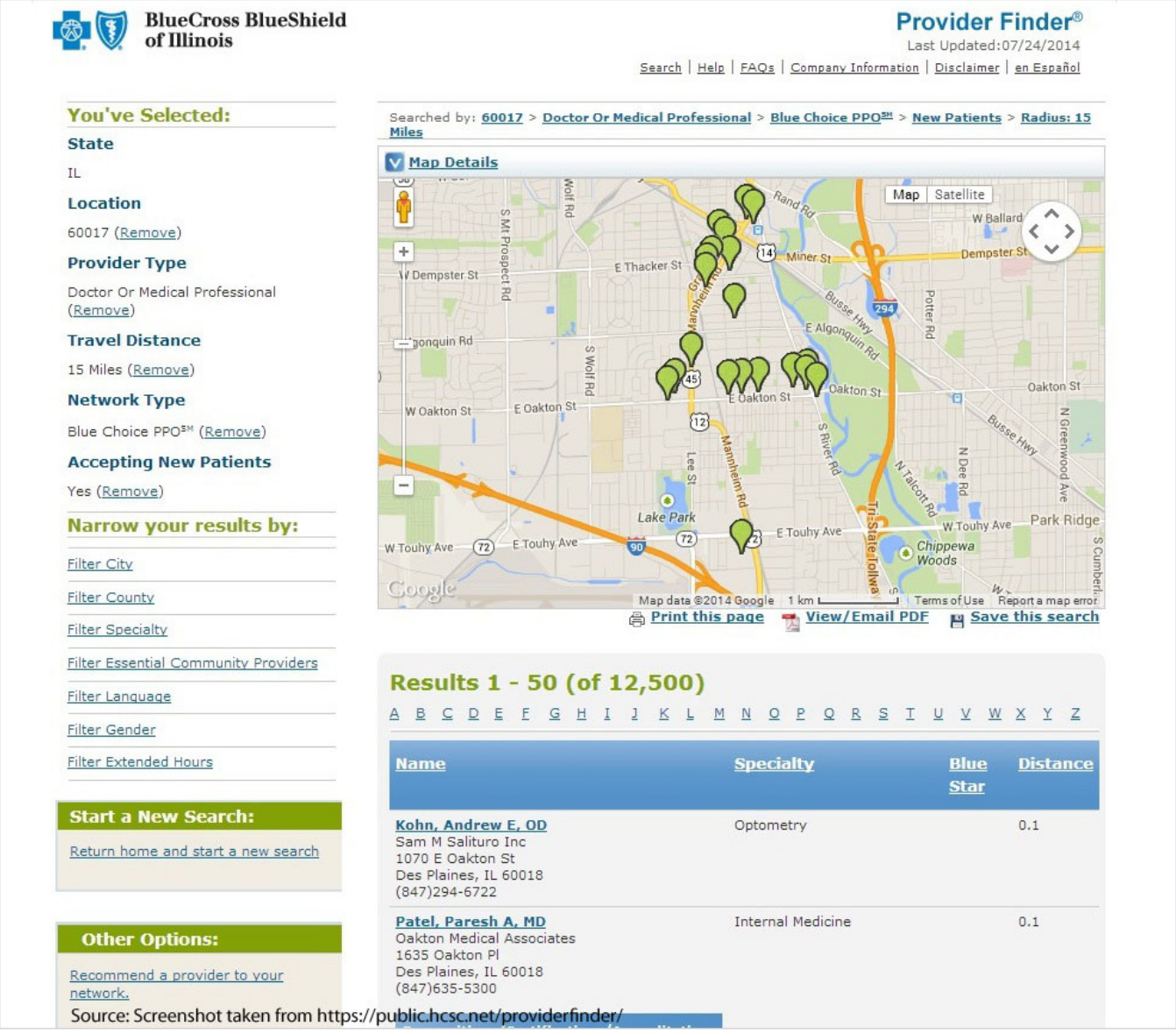
Finally, the Colorado Marketplace—Connect for Health Colorado—features an embedded provider search functionality where consumers can select physicians by name and then choose to see only plans that include them. Unfortunately, the usability of this function was limited and required the consumer to spell search terms exactly as they are contained in the website's database. This means that a misspelled provider name would not yield any results, and a successful facility search is contingent on the consumer knowing certain abbreviations (for example "Medical Center" must be entered as "Med Ctr" in some cases, although there is no obvious way for the consumer to know this convention). To prevent this complication, provider search functions should contain auto-fill technology that allows a consumer to confirm a match.

Search Functionality of External Physician Directories on Carrier Websites

The remaining states in the study (California, Connecticut, Minnesota,[7] Oregon, Rhode Island, the District of Columbia and the federally facilitated Marketplace) had not developed embedded provider directories at the time of our study; instead, they redirect consumers to the participating insurers' provider directories on external websites. The carrier directories vary in their usability, but some contain features that are especially useful for consumers investigating provider options in the Marketplaces, and could be adapted for embedded sites as well. Specifically, California's insurers offer clear and comprehensive provider directories that are multifunctional and easy to use.

For example, upon selecting a Blue Shield of California plan, Covered California automatically redirects the consumer to a page where the selected plan has been prepopulated in the search form. Then, the consumer can search for doctors, facilities, pharmacies, etc. Within the physician search, the consumer can filter results by location, specialty, provider gender, medical group affiliation and whether the physician is accepting new patients. HealthNet, another California insurer, links consumers to a page where they can either enter their membership information (to choose a primary care provider included in their chosen network) or browse anonymously. Anonymous browsers are prompted to select a network and notified that this is an important step, because some providers are included only in certain

Image 2: Example of multi-dimensional provider search on BlueCross BlueShield of Illinois's Website



Source: Screenshot taken from https://public.hcsc.net/providerfinder/

networks. Marketplace plans are clearly labeled as options, making it easy for the consumer to select their intended plan. BlueCross BlueShield of Illinois is another example of a carrier with extensive multi-dimensional search functionality (see Image 2).

Many provider directories in other states are not as comprehensive. For example, Aetna in Illinois does not list Marketplace plans in its provider search function. Consequently, a consumer cannot effectively see which providers are included within the network he or she would actually be purchasing. Overall, few insurers allowed users to select the specific plan network they were investigating. For insurers that offer multiple networks—especially those that are offering narrow network plans on the Marketplace—viewing the insurer's entire list of participating providers can be exceptionally misleading. A consumer might purchase a plan after searching for a particular provider, only to learn that the provider is not included in the specific plan they purchased.

For consumers who do not have a usual source of care and are not searching for a specific physician but are instead interested in the breadth of a plan's network, there were several promising models in our study sample. For example, HealthPartners in Minnesota first allows a consumer to choose a plan's specific network (with the Marketplace plan offering clearly marked), and then displays search results as pinpoints on a Google map. The consumer can enter a search term (such as "oncology" or "primary care") and can filter by subspecialty, gender, language and whether the physician is accepting new patients. These filters can be applied simultaneously and the new results are displayed on the map, providing an excellent visual representation of the desired type of provider within a given area. The consumer can also zoom in and out of the map, sort by distance and view providers in different geographic areas.

Recommendations

There is significant room for improvement in physician search functionality both at the state-Marketplace level and at the individual-insurer level. To enable a seamless physician-search experience that is comparable across insurers, states should create embedded provider directories for each insurer, as noted in the previous section. Because individual plan directories available outside of an embedded Marketplace approach are not standardized, a consumer has to learn how to use each directory and record the results as they browse. Given these difficulties, a consumer faced with navigating individual-plan physician searches might abandon their plan search, or choose to make a decision without being aware of available providers, seriously compromising the effectiveness and comprehensiveness of the shopping process.

Ideally, a consumer would be able to click a button from the browsing page on the Marketplace site to view a plan's unique provider directory. These results should be able to be filtered by multiple dimensions including geography (e.g., physicians within a certain search radius), specialty (including primary care), language spoken, physician gender, patient-centered medical home recognition status, quality metrics and whether the doctor is accepting new patients. State Marketplaces should ensure consistency in terminology across physicians. For example, primary care practitioners should be clearly designated as such. In some cases, there was potential for confusion where physicians were searchable by their board certification, meaning that internal medicine, pediatricians, obstetricians/gynecologists and family practitioners were listed separately, and it was unclear which of these could be selected as a primary care provider.

Marketplaces should also perform several back-end maintenance tasks to ensure the reliability and usability of provider directories. For example, physician directories represent a convenient avenue for ensuring that plans meet state and federal standards in all regions where they are offered. For example, if a plan offers no physicians of a certain required specialty who are accepting new patients within a given service area, it can be assumed that either there is a mistake in the physician directory, a glitch in its functionality, or that a network adequacy standard is not being met. Ideally, Marketplace staff would coordinate with the state agency responsible for ensuring network adequacy standards to make sure that insurers are not offering plans without sufficiently meaningful network capacity, using online directories as one investigatory tool.

In addition, though this review does not address the accuracy of physician directories, Marketplace staff should implement systems to ensure accuracy on a periodic basis. Some obvious problems reveal themselves with random, simple use of online directories, including the west-coast carrier whose physician network within a 15-mile radius appeared to include physicians on the east coast. Additionally, consumers should be aware of when the directories were last updated. Currently, many Marketplaces note that consumers should check with their desired physician to confirm whether they are included in the selected network, but network information's date of last update should be clearly provided as well.

CONCLUSIONS

The first year of operation of the ACA's health insurance Marketplaces sees both some promising practices in physician network transparency and considerable room for improvement. Network transparency remains a high priority to ensure both well-functioning markets and consumers' ability to make well-informed choices, thus leading to their satisfaction with their decisions. With the first year of full reform implementation well underway, additional attention and resources can be used at the state and federal levels to improve this important component of the plan-selection process, generally the most time-consuming part of a consumer's enrollment process.

Our analysis of an array of Marketplace websites suggests the following:

- The anonymous browsing feature of Marketplace sites provides consumers with their first entry into the plan choice process, and they should include the same physician search functionality available to registered users. Otherwise, consumers browsing anonymously may (1) not be aware that additional functionality exists within the more restricted portion of the site, (2) find the information on participating physicians difficult to locate, and (3) become dissuaded from further shopping.
- Plan and network types should be clearly and prominently displayed with each plan listing, and user-friendly definitions of each should be visible when the cursor hovers over the label for that type. Not only should commonly used terms such as HMO, PPO, EPO, and POS plan be used for such categorization, but accepted definitions for narrow and multi-tiered networks should also be applied.
- Physician directories can be used most effectively when they are embedded directly into the Marketplace's own website. Allowing carriers to provide these directories externally on their own sites makes them less uniform and thus highly variable in quality and more difficult for consumers to find and use.
- Different types of consumers need physician directory information provided to them in different ways. Some want to search for particular doctors for their network participation, others want to search for physicians with particular types of medical practices or other characteristics, and others simply want an understanding of network breadth in their geographic area. A well designed web-based physician directory tool can and should accommodate all of these, including multidimensional searches by name, geography (e.g., physicians within a certain radius of a ZIP code), specialty (including primary care), languages spoken, physician gender, patient-centered medical home recognition status, quality metrics and whether the doctor is accepting new patients.

Finally, a highly functioning physician directory is only as effective as it is accurate. Reviewing and updating of network information provided by carriers should not be a once-per-year exercise. Back-office reviews of the networks for accuracy and compliance with adequacy standards, as well as the creation of simple avenues to receive feedback from consumers on web directory inaccuracies, are also high priority items.

Recommended Practices to Improve Marketplace Physician Network Transparency

- Clear and accurate "hover over" definitions of plan/network types and sizes, including HMO, EPO, PPO, POS, tiered networks, and narrow networks.
- Fully functional physician directory for the particular plan embedded in the Marketplace website as a component of each plan's general description in the anonymous browsing portion of the site.
- Physician search filter options that operate on multiple dimensions simultaneously, including: geography, specialty (including primary care), language spoken, physician gender, patient centered medical home recognition status, quality metrics, whether the doctor is accepting new patients, and, in the case of tiered networks, applicable cost-sharing tier.
- Labeling of when directory was last updated.
- Performance of a number of back-end maintenance tasks to ensure the reliability and user friendliness of provider directories.

ENDNOTES

1. Unpublished estimate from the Health Reform Monitoring Survey (HRMS), quarter 1 2014. The quarter 1 2014 sample includes an oversample of respondents who reported that they looked or planned to look for information on health plans in the Marketplace in quarter 4 2013. More information on the Health Reform Monitoring Survey can be found at http://hrms.urban.org/.
2. Blumberg LJ, S Long, GM Kenney, and D Goin, "Factors Influencing Health Plan Choice among the Marketplace Target Population on the Eve of Health Reform," Urban Institute, 2013. http://hrms.urban.org/briefs/hrms_decision_factors.html.
3. Hospital network issues will be addressed in a forthcoming paper in this series. An analysis by the American Cancer Society's Consumer Action Network provides important insights into Marketplace plan pharmaceutical formularies and areas in need of improvement. American Cancer Society Cancer Action Network. *Cancer Drug Coverage in Health Insurance Marketplace Plans.* Washington: American Cancer Society Cancer Action Network, 2014, http://www.acscan.org/content/wp-content/uploads/2014/03/Marketplace_formularies_whitepaper.pdf (accessed July 30, 2014).
4. Budnick N, "Cover Oregon officials hope to repair broken state health insurance exchange for 2016" The Oregonian, July 2014. http://www.oregonlive.com/health/index.ssf/2014/07/cover_oregon_officials_hope_to.html.
5. California introduced an embedded provider search function when the marketplace initially opened for open enrollment, but at the time of our study, this embedded feature was not functional. Instead, the Marketplace featured links that rerouted consumers to insurers' provider directories.
6. Comparing the number of providers between two plans from the same insurer could help identify "narrow network" plans.
7. Minnesota's marketplace—MNSure—features a button to search for providers, implying the presence of an embedded provider directory, but the functionality was not available at the time of our study.

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