



Date: June 9, 2017

Title: Network Breadth Pilot

Subject: Updated CMS Bulletin on Network Breadth Information for Qualified Health Plans on HealthCare.gov

I. Purpose

For plan year (PY) 2018, the Centers for Medicare & Medicaid Services (CMS) intends to continue the network breadth pilot for reporting information on the relative size of provider networks that will display in a limited number of states on HealthCare.gov. Empowering consumers to select the plan that is best for them is a priority for CMS, and the goal of the network breadth pilot is to help CMS understand how consumers make use of network breadth information in their decision-making.

II. Background

In March 2016, CMS published the HHS Notice of Benefit and Payment Parameters for 2017 final rule¹ which included a new policy to provide additional transparency regarding breadth of provider networks at the county level for consumers choosing a plan on HealthCare.gov. CMS provided additional detail about the methodology used to calculate the network breadth ratings for each plan in the Final 2018 Annual Letter to Issuers in the Federally-facilitated Exchanges (FFE).² In the final 2018 Annual Letter to Issuers in the Federally-facilitated Marketplaces, CMS published the anticipated methodology for plan year 2018, which mirrored the 2017 methodology.³ CMS indicated it plans to continue to test consumer use and experience on Healthcare.gov to enhance and improve the display of QHP network breadth information.

III. Details of the Pilot

The results of the pilot will determine whether CMS expands the pilot to more States for the 2018 plan year. For PY 2018, network breadth information will continue to display for the selected pilot states: Maine, Ohio, Tennessee, and Texas. During open enrollment, consumers in these pilot states will see information classifying the relative breadth of the plans' provider networks, as compared to other Exchange plans in the county. Consumers will be able to compare networks for three provider types, including adult primary care providers, pediatricians,

¹ *HHS Notice of Benefit and Payment Parameters for 2017*, Final Rule, 81 FR 12204 (March 8, 2016).

² The Final 2017 letter to Issuers in the Federally-facilitated Marketplaces (February 29, 2016) is available at: <https://www.cms.gov/cciiio/resources/regulations-and-guidance/downloads/final-2017-letter-to-issuers-2-29-16.pdf>.

³ The Final 2018 Annual Letter to Issuers in the Federally-facilitated Marketplaces (FFM) (December 16, 2016) is available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf>



and hospitals. As described in the 2018 Letter to Issuers, the network breadth ratings will be calculated for each qualified health plan (QHP) issuer in the pilot states using data submitted to CMS as part of its 2018 QHP Application.

In developing the pilot, CMS considered, among other factors, states that provide a sample of plans in geographic areas with a range of network availability. This pilot applies to QHPs on the FFMs in the four selected states. Network breadth information will display to consumers shopping for plans in the individual market only in the pilot states.

CMS will collect data on the 2018 consumer experience from consumers in the four states in which this information will be displayed and use it to inform the display of network breadth information on HealthCare.gov in future years. CMS will consider expanding the network breadth pilot to additional states and/or provider types in future years.