



Written by [Michael Tennant](#) on November 4, 2013

Many Healthcare Providers Not in ObamaCare Networks

No one denies that the Affordable Care Act (ACA), aka ObamaCare, has made health insurance more affordable for some, primarily those who have chronic conditions or are eligible for generous taxpayer subsidies. But all the insurance in the world is worthless if no one will accept it — a truism that Americans buying coverage on ObamaCare’s insurance exchanges may soon experience, much to their chagrin.



Insurance companies are finding themselves hamstrung by the healthcare law’s twin mandates of guaranteed issue (covering all applicants regardless of pre-existing conditions) and community rating (charging the same premiums to beneficiaries regardless of their risk). Both requirements virtually ensure that those with the greatest need for expensive, long-term care will buy coverage, but the community-rating mandate further discourages the healthy from buying coverage because their previously low rates will be forced to rise to meet the rates of the sick. Add to that the fact that the ACA forbids insurers to impose any limits on benefits, and it’s clear that payments will outstrip premiums in fairly short order if nothing is done to rein in costs.

Insurers, therefore, are doing their utmost to minimize their exposure now. One way they are doing that is by creating narrow networks of doctors and hospitals whose services they will reimburse. This means, of course, that many providers will be left out.

“That’s a big frustration to my clients who heard their President promise that if you like your doctor you can keep them,” New Hampshire insurance broker Thomas Harte told [CNN](#). “Sure, you can keep them if you pay cash for their services. But if you want your new insurance to cover that doctor visit, forget it. You’re going to have to switch.”

Harte’s clients have plenty to worry about. According to the [Concord Monitor](#), just one insurer, Anthem Blue Cross Blue Shield, is offering plans on the Granite State’s exchange, and it has contracted “with [only] 16 of the 26 acute general care hospitals in the state.” Concord Hospital was not among them, leaving residents of the state capital who buy coverage through Anthem with the option of paying expensive healthcare bills or driving to Manchester, the nearest in-network hospital.

“Can you imagine having to go 25 miles away to Manchester to get access to a health care provider that is covered by your insurance?” Harte asked. “Right now, Concord is one big black hole of health care for people buying these plans.”

New Hampshire isn’t the only state discovering the hollowness of President Barack Obama’s promises. “Maine’s health insurance marketplace includes a plan that excludes hundreds of doctors from six hospitals in the southern part of the state,” the *Monitor* reported. Services at two of New York City’s most prestigious hospitals, New York University Hospital and New York-Presbyterian Hospital, are covered by only three of the nine plans being offered on that state’s exchange, according to the [New York Post](#). Los Angeles’ UCLA medical centers and Atlanta’s Emory University Hospital are also restricting the number of plans they will accept.



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The narrow-network strategy is “a desperate attempt by the insurance companies to try to keep premiums down under ObamaCare,” Josh Archambault of the [Foundation for Government Accountability](#) told the *Post*. “The only way to do that is to cut the number of hospitals patients can ... use.”

Naturally, those hospitals that charge the most for their services — often academic medical centers — are the ones most likely to be dropped. In fact, according to an [analysis](#) by [Watchdog.org](#), nearly all of the 18 top hospitals in the country as ranked by [U.S. News & World Report](#) “are simply opting out of Obamacare.”

Chances are the individual plan you purchased outside Obamacare would allow you to go to these facilities. For example, fourth-ranked Cleveland Clinic accepts dozens of insurance plans if you buy one on your own. But go through Obamacare and you have just one choice: Medical Mutual of Ohio.

And that’s not because their exchanges don’t offer options. Both Ohio and California have a dozen insurance companies on their exchanges, yet two of the states’ premier hospitals — Cleveland Clinic and Cedars-Sinai Medical Center — have only one company in their respective networks.

A few, like No. 1-rated Johns Hopkins in Maryland, are mandated under state law to accept all insurance companies. Other than that, the hospital with the largest number of insurance companies is University Hospitals Case Medical Center in Cleveland with just four. Fully 11 of the 18 hospitals had just one or two carriers.

For consumers buying coverage on an exchange, it’s bad enough that they may not be able to continue seeing their current doctors or go to the nearest hospital for treatment. What’s worse, notes [Watchdog.org](#), is that they — and their doctors — may not even know it until it comes time for them to be treated:

“In many cases, consumers are shopping blind when it comes to what doctors and hospitals are included in their Obamacare exchange plans,” said [Archambault]. “These patients will be in for a rude awakening once they need care, and get stuck with a big bill for going out-of-network without realizing it.”

All of this represents a larger problem with the Affordable Care Act, said Archambault, who has extensively studied the law.

“It reflects deeper issues in implementation,” he said. “Some hospitals and doctors don’t even know if they are in the network.”

Indeed, Steven Brotherton, president of the Texas Medical Association, told [Watchdog.org](#) that doctors in the Lone Star State “don’t know” which networks they are in and “can’t find out.” In fact, he added, “There are ways you can be on plans and not even realize it.”

Despite these obvious problems with the ACA and its implementation, the law still has its defenders. Among them is MIT economist Jonathan Gruber, one of the architects of both Massachusetts’ “Romneycare” and ObamaCare. Gruber told CNN that the exchanges will provide “better benefits” to consumers.

“Right now, in this insurance market, not only is it discriminatory, but the typical person with an individual-payer plan has a very weak insurance plan,” he said. “It’s not real insurance. We’re going to get rid of that — everyone will have guaranteed, real insurance.”

Those living in the real world, such as Brooklyn attorney Brooks White, may have a different opinion.



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“If you don’t have a deep supply [of providers], you have nothing,” White, who is considering enrolling in the ObamaCare exchange next year, told the *Post*. “It’s a false promise.”



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