Assessing Carrier Mental Health Network Filings &
Access to Mental Health Counselors
in Pennsylvania ACA Marketplace Plans
Using a Secret Shopper Survey

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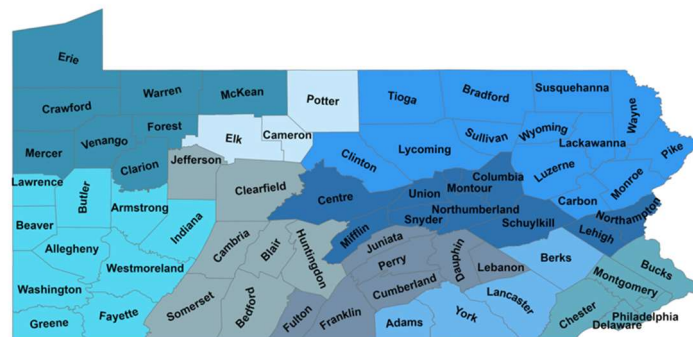Department of Health Policy & Management
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Introduction

Consumers face many barriers in accessing mental health services. [1-3] As a result, mental health consumers are more likely to seek care outside of their insurance networks for mental health concerns compared to physical health concerns, leading to out-of-pocket costs, care delays, or foregone treatment. [4-6] State and federal regulators have sought to improve access to mental health care by implementing various regulations related to network adequacy. In Pennsylvania, this includes detailed filings about provider networks that are verified to assess whether they meet state and federal standards. [7,8] Inaccurate filings may impact consumers' access to care because provider networks may not contain the appropriate type, number, or geographic distribution of providers. [9,10] Given what is known about the challenges carriers face in monitoring and maintaining their networks, [2,5,11-14] inaccuracies in regulatory filings are plausible and may substantively affect network adequacy.

To assess how well regulatory network filings match with consumer-facing network directories and whether consumers can access care in a timely manner, carrier network filings were compared to consumer-facing provider directories for all Pennsylvania ACA Marketplace carriers (Ambetter, Capital Blue Cross, Cigna, Geisinger, Highmark BlueCross BlueShield, Independence Blue Cross, Oscar, UPMC) in Plan Year (PY) 2024. [7] Subsequently, successfully identified providers listed in the provider directory were assessed using a secret shopper survey for accuracy, appointment availability, and wait times. Overall, callers searched provider directories for 8,306 randomly selected Outpatient Behavioral Health Counselors out of the 31,108 counselors listed across all Individual Market networks and sought to contact 6,657 of these individuals. Data collection occurred from August 16, 2023, to February 27, 2024.

Accuracy of Carriers' PID Filings
vs. Provider Directory Information

Out of the 31,108 providers listed in the Pennsylvania Insurance Department (PID) filings as mental health counselors, 8,306 providers (3,170 adult and 5,136 pediatric) were randomly selected for verification. Of these, callers successfully located 6,657 providers (80.1%) in the carriers' online provider directories. Match rates for listings between PID filings and online directories ranged from a low of 47.4% (N=292/616) for Geisinger to a high of 88.3% (N=1,207/1,367) for Independence Blue Cross. Match rates were higher for pediatric (82.7%) than for adult providers (76.0%). For those providers listed in the carrier online directories, callers also identified a substantial number of differences between PID filings and directories. Overall, only 44.0% of providers (N=2,928/6,657) had complete matches for street, city, state, zip code, and telephone number between the two sources. Contact information congruence between PID filings and online provider directories ranged from

8.1% (N=98/1,207) for Independence Blue Cross to 82.2% (240/292) for Geisinger. Match rates were higher for adult compared to pediatric providers (46.3% vs 42.7%).
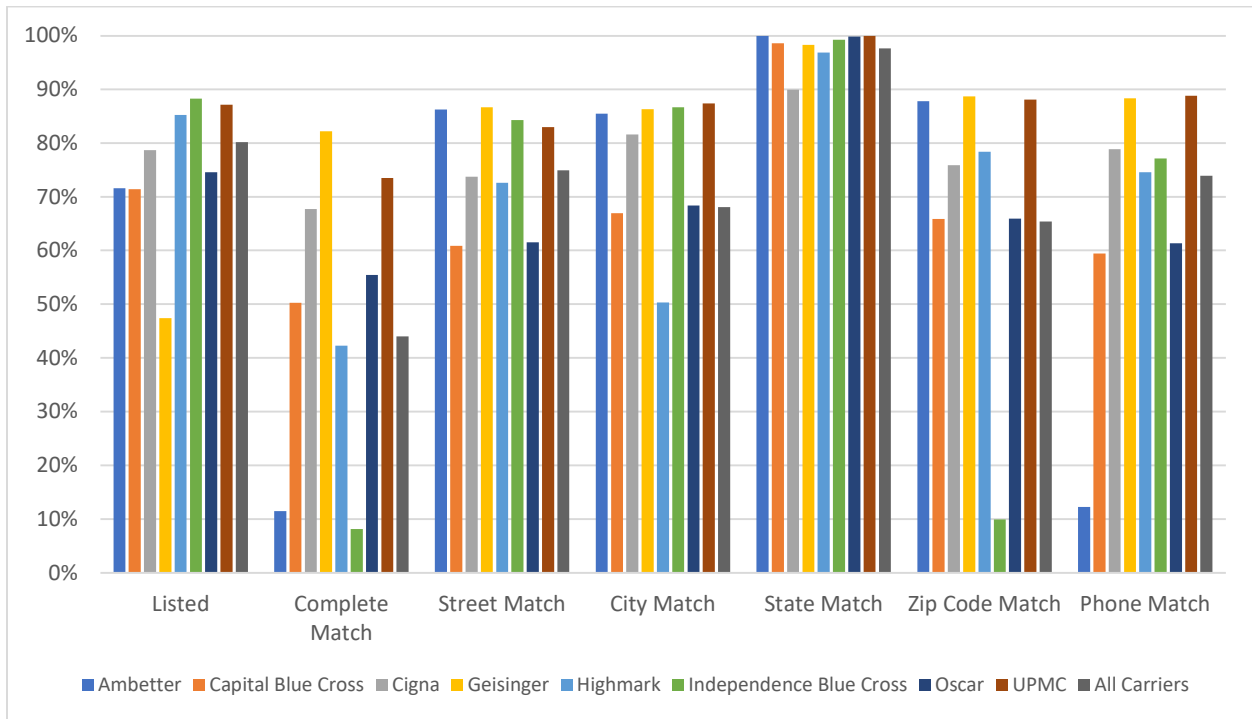

Figure 1: Outcome of Matching Regulatory Submissions to Provider Directories

Accuracy of Carriers' Online Provider Directories vs. Secret Shopper Calls

As a second step, secret shoppers reached out to the 6,657 providers successfully identified in the carrier online directories. For 4,505 providers, secret shoppers were unsuccessful in verifying provider information for a number of reasons including being unable to connect with a person (3,653), they were hung up on (136) or on hold for longer than 5 minutes (335), or the provider's office declined to provide any information (185).

Of the 2,152 verified directory listings, 76.0% (1,636/2,152) exhibited at least one of the inaccuracies assessed, ranging from a low of 58.1% (54/93) for Geisinger to a high of 92.3% (94/104) for Ambetter. Inaccuracies related to phone numbers was the most commonly identified problem (56.6% or 1,219/2,152), ranging from 35.5% (33/93) for Geisinger to 90.4% (94/104) for Ambetter. Information related to whether the provider was accepting new patients was inaccurate in 12.2% (262/2,152) of cases, with a low of 1.9% (2/104) for Ambetter and a high of 15.1% (14/93) for Geisinger. Inaccurate network status was listed for 7.8% (167/2,152) of providers, ranging from zero cases for Ambetter to 20.1% (41/204) for Oscar. Lastly, 6.4% of listings (137/2,152) had incorrect specialty information, ranging from 0.0% for Ambetter to 9.5% (16/168) for UPMC.
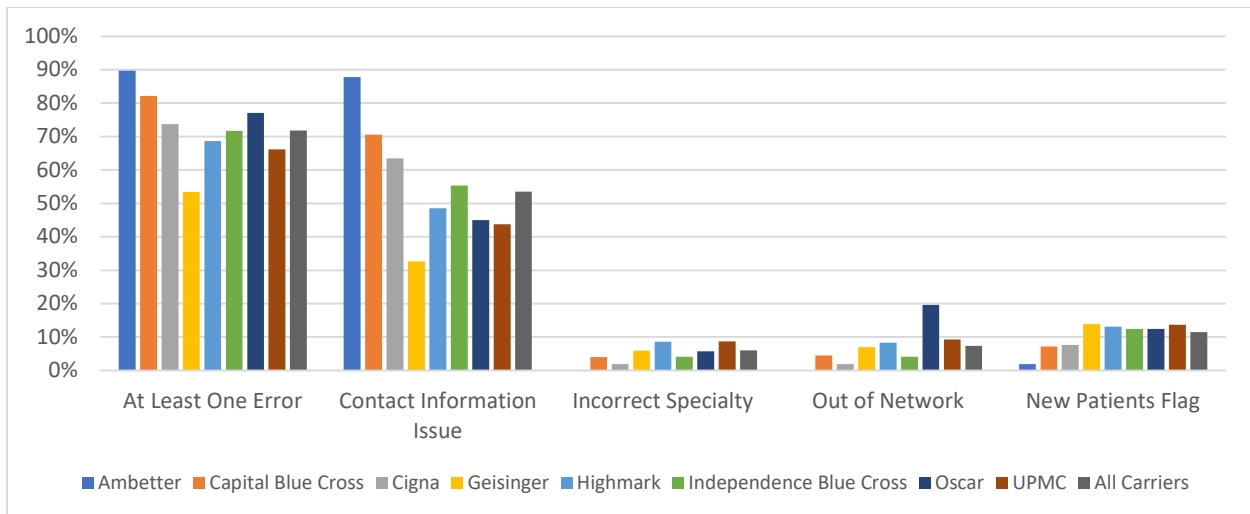
Figure 2: Inaccuracies Identified, Conditional on Successful Contact, by Carrier

Access to Appointments and Wait Times

Due to the large number of unsuccessful contacts and inaccuracies, callers were able to obtain appointments in only 321 (14.9%) cases. In addition, 195 providers (9.1%) indicated during the call that they were not offering appointments to new patients. Appointment rates ranged from 5.8% (6/104) for Ambetter to 31.2% (29/93) for Geisinger. Appointments were available for 14.0% (120/860) of adult providers and 15.6% (201/1,292) of pediatric providers.
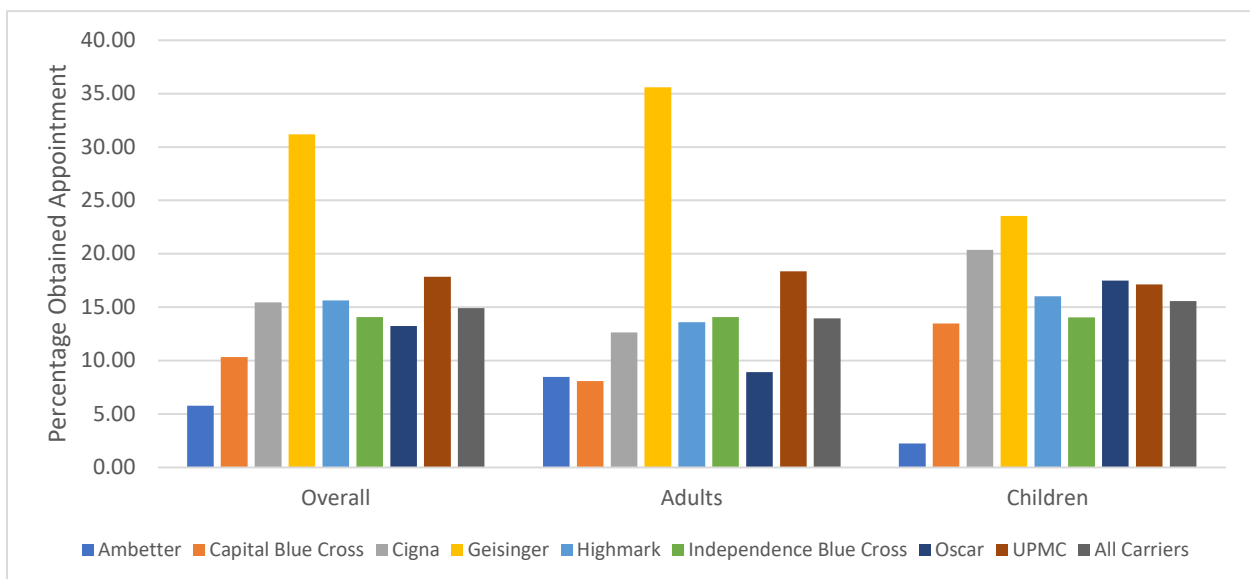

Figure 3: Percentage of Calls that Led to Appointment, by Carrier

Average wait time from call to appointment was 33.2 days (median: 27 days), ranging from 1 to 609 days (Figure 4), without statistically significant differences across carriers. Mean wait

time was 35.1 days (median: 25.5 days; range: 1 to 609 days) for adult appointments and 32.1 days (median: 28 days; range: 1 to 251 days) for children.
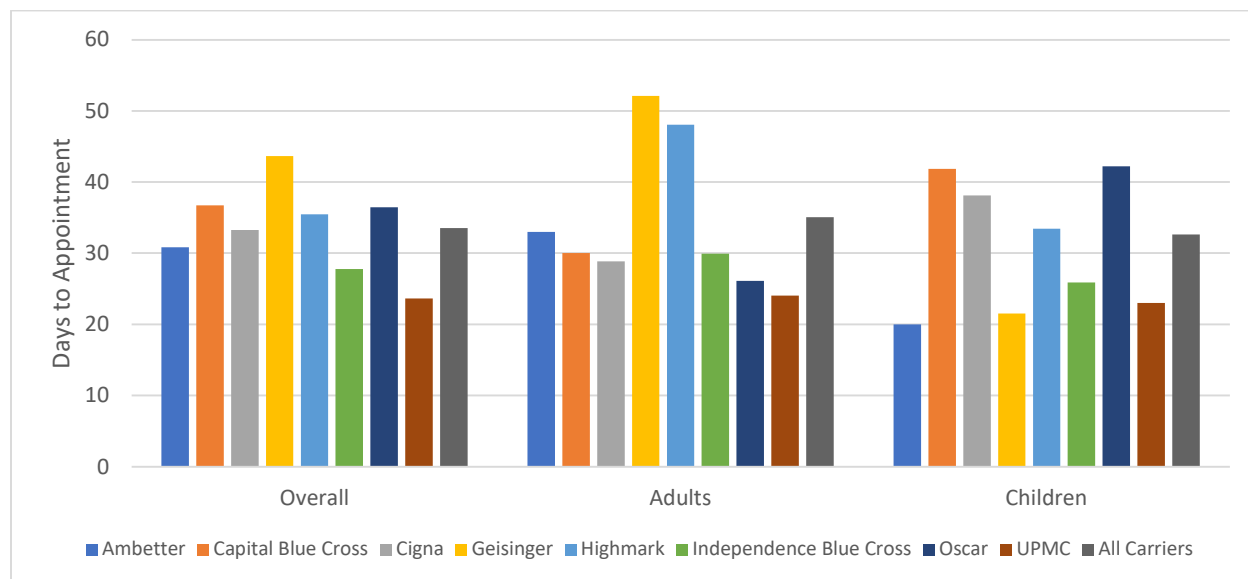

Figure 4: Wait Time to Appointment, by Carrier

Discussion

Comparing regulatory filings to carriers' consumer-facing provider directories, secret shoppers found that 20% of providers submitted to the PID were not identifiable. Moreover, a large share of those providers listed in the online provider directory exhibited discrepancies in contact information between these two data sources. Moreover, secret shoppers also found access to mental health counselors to be challenging as callers were only able to access 312 appointments out of 2,152 successful contacts (14.9%). Even when successful, the average wait time exceeded 32 days, in excess of consumer expectations.[15] It is also in excess of the Centers for Medicare & Medicaid Services (CMS) standard for the federally-facilitated marketplaces for behavioral health appointments of 10 calendar days.[16] Overall, regulatory filings appear similarly error prone as has been previously demonstrated in consumer-facing provider directories.[2,11,12,17-21]

These findings raise questions about the ability of carriers to adequately and consistently assess their provider networks as well as whether they are in compliance with existing standards. More generally, current network adequacy assessment efforts, relying on existing carrier-based data sources, may not accurately capture consumer access challenges. Relying on carriers' data may substantially overestimate provider availability and access to mental health services and underestimate true consumer access challenges. Based on the challenges identified, several plausible policy solutions are conceivable. These include solutions that incentivize insurers to better validate their networks including suppressing providers that cannot be fully validated or have failed to submit an in-network bill within certain time frames, more extensive fines and penalties for inaccuracies, and a

centralized provider registry. Importantly, the findings highlight that regulatory filings do not represent consumers' experiences and thus indicate the need to seek additional data sources such as billing data or consumer surveys. Regulatory filings could also be subject to randomized spot checks for accuracy. Given the extent of discrepancies, inaccuracies, and access challenges, time and distance standards may not adequately reflect the experiences of consumers and may have to be supplemented by maximum allowable wait times. Lastly, carriers might be required to be more transparent in their administrative efforts to maintain and verify provider networks.

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