

May 5, 2023

Senate Finance Committee Hearing on Improving Mental Health Provider Directories

On Wednesday (May 3), the Senate Finance Committee held a hearing, “Barriers to Mental Health Care: Improving Provider Directory Accuracy to Reduce the Prevalence of Ghost Networks.” During the hearing, lawmakers heard testimony from a panel of five witnesses representing patients, providers, and data management organizations.

Lawmakers and witnesses stressed the need to improve the accuracy of health plans’ provider networks, particularly for behavioral health care providers, and spoke about the challenges to maintaining accurate directories, as well as possible solutions. Several Republican members, including Ranking Member Mike Crapo (R-ID), spoke about identifying solutions that would not increase regulatory burdens, while Democrats and several witnesses spoke about the need for greater oversight of plan directories and enforcement mechanisms.

Throughout the hearing, several lawmakers and witnesses spoke critically of insurer practices and policies that lead to inaccurate provider directories, and one lawmaker, Sen. Catherine Cortez Masto (D-NV), spoke about the need to hold another hearing that includes health plans to find the right solutions.

- For more information: <https://www.finance.senate.gov/hearings/barriers-to-mental-health-care-improving-provider-directory-accuracy-to-reduce-the-prevalence-of-ghost-networks>

Opening Statements

Chair Ron Wyden (D-OR). In his opening statement, Chair Wyden spoke about findings from a Senate Finance Committee secret shopper study, which contacted 120 providers listed in 12 Medicare Advantage plans in six states to find an appointment for a senior looking for treatment for depression. The study found 33% of the phone numbers listed for those providers were inaccurate, non-working, or resulted in unreturned calls. “In my view, it’s a breach of contract for insurance companies to sell their plans for thousands of dollars each month while their product is unusable due to a ghost network,” Wyden said, adding that “eliminating ghost networks is going to require a three-legged approach: more audits, greater transparency, and stronger consequences for insurance companies that don’t keep their directories up to date.” Wyden said it is his goal to achieve “consensus on how to address ghost networks in Medicare” this year and noted that there is interest within Congress to also apply policies to commercial insurance. [Full Testimony](#).

Ranking Member Mike Crapo (R-ID). In his opening statement, Ranking Member Crapo praised the Committee’s work last year to bolster the mental health workforce and improve access to mental health care, but said patients now “need accurate and up-to-date information on their health care options.” However, Crapo warned that policies to improve provider directories should not increase “burdensome requirements” that could ultimately hinder patients’ access to mental health care. He said, “Congress should build on the targeted relief measures we advanced last year, including temporary Physician Fee Schedule support and Medicare telehealth expansion, to address these issues on a bipartisan and sustainable basis.” [Full Testimony](#).

Witness Testimony

Keris Jän Myrick, Vice President of Partnerships, Inseparable. Ms. Myrick said, “Ghost networks and inaccurate provider directories erect invisible, unexpected barriers within our health system, preventing people from accessing the care and support they need,” adding that they “can result in delayed or inadequate treatment or even going without treatment.” Ms. Myrick likened her experiences trying to find a mental health provider in her provider directory to “trying to find a needle in the haystack.” She urged the Committee to enact policies to increase oversight and enforcement of provider directories, require psychiatric subspecialties to be included in provider directories, and create a federal reporting system for consumers to report their experiences. [Full Testimony.](#)

Jack Resneck, President, American Medical Association. Dr. Resneck described provider directories as “critically important tools” that help patients locate a physician, help physicians make referrals for patients, and help regulators determine network adequacy. He said his own secret shopper research trying to find a dermatologist revealed about 26.6% of individual directory listings in Medicare Advantage plans were in-network and accepting new patients, but they had an average appointment wait time of 45.5 days.” While Dr. Resneck acknowledged the role physicians have to play in maintaining accurate provider directories, he said “the responsibility of directory accuracy ultimately lies with the plans.” Dr. Resneck recommended regulators require health plans to submit accurate directories each year, increase oversight and enforcement activities, standardize directory formats, and require plans to immediately remove physicians who are no longer in-network. He also urged the Committee to examine mental health parity, workforce shortages, and other issues impacting provider access. [Full Testimony.](#)

Robert Trestman, Professor and Chair of Psychiatry and Behavioral Medicine, Carilion Clinic and Virginia Tech Carilion School of Medicine. Dr. Trestman described the process of a mental health patient going through an inaccurate provider directory as “at best demoralizing and at worst set up to precipitate clinical deterioration and a preventable crisis.” He said the cost and burden of maintaining accurate provider listings is high and keeps many private practice practitioners out of insurer networks. He said, “It’s time to hold plans accountable for maintaining accurate directories and making accurate representations to patients, clinicians, and employers.” In addition to the policies being considered to improve provider directories, Dr. Trestman urged lawmakers to hold insurers accountable to the mental health parity law, bolster the workforce, and incentivize the adoption of integrated care models like the Collaborative Care Model. [Full Testimony.](#)

Mary Giliberti, Chief Public Policy Officer, Mental Health America. In her testimony, Ms. Giliberti discussed research showing two-thirds of providers listed in provider directories are phantoms. She outlined three recommendations for policy change: verifying data by an independent entity, including mixed support for CMS’ proposal requiring secret shoppers, adding that the agency must conduct its own review and require independent entity audits of MA plans; requiring plans to use claims data to periodically reconcile provider directories; and incentivizing plans to maintain accurate provider directories to reward those who perform well and penalize those who do not. [Full Testimony.](#)

Jeff Rideout, President and CEO, Integrated Healthcare Association. Dr. Rideout spoke about his organization’s California-wide provider data management program called Symphony, which uses machine learning to improve provider directory accuracy across multiple plans. He said Symphony serves as a centralized data repository and requires providers to attest to the accuracy of the information at least every 90 days. To ease that burden, Symphony has standardized and prioritized data sets and enables providers to attest once for multiple plans. Dr. Rideout said, “Without a centralized data repository that supports a multi-plan provider directory, health plans and providers will be unable to maintain accurate provider data and directories individually.”

Q&A

Chair Wyden asked about the consequences of allowing inaccurate provider directories to go unchecked. Ms. Myrick said the consequences are “dire” and can be “life or death” for mental health patients. Wyden also spoke critically about patient’s being on the hook for out-of-pocket costs when they see a provider who is inaccurately listed in their provider directory. Ms. Giliberti said if the directory is inaccurate the consumer should pay in-network prices and the plan should cover the additional costs.

Ranking Member Crapo asked Dr. Rideout and Dr. Resneck which key practices the committee should focus on to improve provider directories. Dr. Rideout said transparency, better auditing, and potential penalties for non-compliance, but stressed it is essential to have “a single source of truth” which can be organized by state or nationally. Dr. Resneck said this is one area where Congress needs to give regulators, including CMS and the Department of Labor, the authority to conduct audits of health plans and levy monetary penalties for inaccurate directories. Ranking Member Crapo also asked about the impact in rural areas. Dr. Trestman spoke about the importance of telehealth, including audio-only visits, for rural areas where patients may not have access to video-enabled technology.

Sen. John Cornyn (R-TX) asked about his and Sen. Catherine Cortez Masto’s (D-NV) bill, the Complete Care Act, and ways to treat the whole person, not just physical health. Dr. Trestman said the challenge with implementing integrated care models, such as the Collaborative Care Model, is on the primary care side where it can be hard to change workflows, and the Complete Care Act would address those challenges by frontloading reimbursement and support for primary care. Sen. Cornyn also spoke favorably about the mental health reforms in the Safer Communities Act but noted the US needs to address the workforce shortage to implement those reforms and programs.

Sen. Thom Tillis (R-NC) spoke about his experience with mental health and the barriers imposed by inaccurate provider directories. He asked whether Congress should give CMS the technology and resources needed to conduct mandatory audits of plans’ provider directories, establish an accuracy threshold, and publish the results with a letter grade to incentivize insurers to improve accuracy.

Sen. Chuck Grassley (R-IA) spoke about the importance of telemental health and asked whether investments in telehealth and broadband have helped improve access to care and the quality of care. Ms. Giliberti said telehealth has been a “gamechanger” particularly in rural areas and encouraged lawmakers to extend telehealth flexibilities and examine inter-state licensing. Dr. Trestman said while the industry needs more data to determine who is best served by care provided in person vs. video vs. audio-only, he has seen the benefits of providing timely care to patients who are in their home via telehealth. In response to a question, Dr. Rideout spoke about how the lack of standardization among provider directory data elements can increase provider burden.

Sen. Debbie Stabenow (D-MI) spoke about the provider shortage, particularly access to social workers and her bill, Improving Access to Mental Health Act, which aims to increase Medicare beneficiaries’ access social workers. Ms. Giliberti said social workers play an important role in helping patients coordinate their care and address the social determinants of health. Dr. Trestman said it is valuable to provide financial incentives to encourage providers to work in rural areas.

Sen. Bob Casey (D-PA) spoke about the bipartisan Health Care Capacity for Pediatric Mental Health Act, which makes new investments in pediatric and behavioral health integration. Ms. Giliberti spoke favorably about integrating mental health and pediatric care to improve access, but also said enforcement mechanisms are needed to improve directory accuracy.

Sen. Bill Cassidy (R-LA) said there are two issues at play; one is inaccurate networks which he likened to false advertising and the second is access. He also spoke about the need for more sophisticated analysis to determine

providers who are and are not accepting patients, suggesting claims data alone is a poor measure. When Dr. Resneck said the US needs a “low-burden method” for providers to be able to tell plans whether they are accepting new patients, Sen. Cassidy asked him to send that solution.

Sen. Catherine Cortez Masto (D-NV) spoke about integrated care models and how such models could help address provider shortages and increase access to care. Dr. Trestman said the model could help support primary care providers and reduce burnout. Sen. Cortez Masto expressed concern that telehealth alone will not solve the provider supply problem and asked how contracting may be driving workforce shortages in rural areas. Dr. Rideout said contracting terms and conditions of participation can pose barriers to providers going in-network and spoke favorably about integrated care models, but also said that can be hard to achieve in rural areas. Sen. Cortez Masto said the committee likely needs to hear from another panel of health plans.

Sen. Sherrod Brown (D-OH) asked what Congress can do to make it easier to facilitate information sharing between providers and insurers. Dr. Trestman said Congress could pass a standard format to reduce inconsistencies in format, timing, and sequence, and making that information sharing electronic through improved interoperability.

Sen. Mark Warner (D-VA) spoke about Virginia’s Navigator program, which today includes 9,000 service providers. He asked about ways to facilitate those types of programs and how to ensure there is an update process to ensure data accuracy. Dr. Rideout said ensuring the quality of the information that gets published is key. He said Symphony updates data weekly, but physicians attest every three months.

Sen. James Lankford (R-OK) asked if there are requirements for physicians to be locked into a plan for a specific amount of time and ways to address outdated information in provider networks. Dr. Resneck said contract requirements likely vary by state and type of plan and Dr. Rideout said data standardization is needed to simplify the process and ensure accuracy but acknowledged this is often a state-regulated area.

Sen. Sheldon Whitehouse (D-RI) spoke about the need to extend COVID-related telehealth waivers and flexibilities. He also said that the inaccurate provider network issue is one of many payment and cost savings strategies that have developed in the health care system that delays payment to providers. He said the way to address those problems is comprehensive payment reform and shifting away from fee-for-service payment models.

Sen. Benjamin Cardin (D-MD) said inaccurate provider directories, including dental providers, are disproportionately affecting underserved communities.

Sen. Robert Menendez (D-NJ) spoke about the Resident Physician Shortage Reduction Act to fund more GME residency slots and asked what Congress can do to improve access to care for children. Dr. Trestman said bolstering the pipeline for non-physician providers, including social workers and community workers. When asked about ways to improve provider directory accuracy, Ms. Giliberti said Congress could require audits by CMS or a third party of behavioral health networks and publicly share those results and incorporate them into the Star Ratings system, as well as penalties for inaccuracies.

Sen. Marsha Blackburn (R-TN) spoke about her and Sen. Blumenthal’s bill, the Kids Online Safety Act, and the importance of telehealth. She asked witnesses about state licensure. Dr. Resneck said AMA still believes in maintaining state licensure and being licensed to practice in the state of the patient but said there are innovative solutions including the interstate licensure compact and medical boards being more flexible with exceptions.

Sen. Elizabeth Warren (D-MA) and witnesses Ms. Giliberti and Dr. Resneck spoke critically of MA plan practices that could discourage beneficiaries from accessing care, saying MA plans have a financial interest in delaying

patient care. Sen. Warren said CMS needs to increase oversight and plans need to have penalties for maintaining inaccurate directory lists.

If you have questions, please contact [Heather Meade](#) or [Heather Bell](#).

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