601 Pennsylvania Avenue, NW
South Building, Suite 500
Washington, D.C. 20004

T 202.778.3200
F 202.331.7487
ahip.org

AHIP Statement for Hearing on
"Barriers to Mental Health Care: Improving Provider Directory Accuracy to Reduce the Prevalence of Ghost Networks"

Senate Committee on Finance

May 16, 2023

Every American deserves access to effective, affordable, and equitable mental health support and counseling. Health insurance providers are committed to lowering barriers to care for mental health and substance abuse disorders (SUD). That commitment includes ensuring provider networks of mental health professionals are as robust as possible.

As the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day, our member plans work consistently with care professionals, and government agencies to make certain that provider directories are up-to-date and accurate as possible, so patients can get the mental health care services, care, and support they need at a price they can afford.

AHIP appreciates the Committee's focus on these important issues. Maintaining accurate provider directories is a shared responsibility that requires a joint commitment from health plans and providers to ensure patients have the information they need, and that the information is updated in a timely and accurate fashion. We look forward to working with providers and policymakers to address the current provider directory challenges, particularly for patients seeking mental health support.

Ensuring Accurate Provider Directory Information: A Shared Responsibility

Since the COVID-19 pandemic, more Americans of all ages are seeking mental health care – stretching capacity to its limits. While more people are receiving the treatment they need, still more work needs to be done. If an individual seeks help and can't answer key questions about their mental health care, such as which providers to see or whether a specialist is in their plan's network, no one benefits.

It is more critical than ever that patients are able to access the mental health care they need. One in five adults in the United States lived with mental illness, according to the National Institute of Mental Health.[1] To that end, it is essential that all stakeholders work together, including care professionals, federal and state policymakers, community organizations, health insurance providers, and other health leaders.

[1] https://www.nimh.nih.gov/health/statistics/mental-illness

Late last year, the AHIP Board of Directors noted the crucial role of collaboration in their commitment and vision to improve access to mental health care.[2] As such, maintaining accurate provider directories is a shared responsibility that requires a joint commitment from health plans and providers to ensure patients have the information they need, and it is updated in a timely and accurate fashion.

Health Plans Work to Provide Patients with Essential Information

Every American should be able to easily find a clinician or facility skilled in the type of care they seek, that is convenient to access, and with whom they are comfortable. Health plans are committed to ensuring provider directories reflect the most current and accurate information, so that individuals can maximize the value of their coverage for both physical and mental health.

Provider directories offer essential information for patients on providers in-network, such as their contact information, practicing specialties, board certifications, hospital affiliations, and ability to speak languages other than English. Provider directories also usually include information on hospitals, and non-hospital facilities.

In addition to our commitment to ensure that Americans have accurate information, federal laws have imposed provider directory requirements across various types of coverage (e.g., Medicare, Medicaid, and the commercial health insurance markets). To supplement those requirements, at least 39 states impose their own state-specific provider directory requirements. Regulations implementing provider directory provisions under the *Consolidated Appropriations Act of 2021* are also forthcoming from the Administration.

Health plans use a variety of approaches to maintain and update provider directory information, including regular phone calls, emails, online reminders, and in-person visits. This multi-faceted outreach effort is reinforced by contractual requirements between health plans and providers to ensure provider directory information is accurate and up to date.

Provider Engagement and Accountability

Given the breadth and diversity of providers in health plans' networks and the frequency of changes, information can quickly become out of date. Moreover, not all providers rely on the same method of communicating information to health plans. This often leads to delays in updating pertinent provider information. These challenges are further complicated by the fact that providers contract with multiple health plans and may be part of multiple medical groups or independent physician associations.

Maintaining accurate and up-to-date provider directory information has been a longstanding issue for the health care industry. In 2016, AHIP launched a Provider Directory Initiative to identify opportunities to improve the process of developing and maintaining accurate and timely provider directory information.[3] During the project, AHIP worked with two vendors to contact

[2] https://www.ahip.org/news/press-releases/ahip-board-reinforces-commitment-to-improved-access-to-mental-health-care-with-new-principles-and-advocacy-priorities

[3] https://www.ahip.org/resources/provider-directory-initiative-key-findings

over 160,000 providers, testing different ways to coordinate with them to update key directory data.

The results of the project found that while providers indicated that they were familiar with directories and were aware that they are used to help consumers find clinicians who are in-network, and accepting new patients, they and/or their staff:

- Expressed a general lack of awareness regarding the need to proactively alert plans of changes to their information.
- Did not understand the purpose of, or need for, responding to plan requests to validate or update their information.
- Felt overwhelmed with responsibility and therefore prioritized activities that were required of them by regulation or to secure payment for the provider.
- Were not necessarily aware of state and federal regulations requiring health plans to have accurate, up-to-date provider directory information.

Health plans have worked with their provider partners for many years to improve the accuracy of directory data for patients. These efforts include regular outreach to clinicians to ensure their information is accurate; collaborating to streamline information updates; using advanced analytics and artificial intelligence methods to identify information that should be updated; and validating directories to ensure they are correct. Further, third-party vendors have developed innovative products to improve provider directories, and health insurance providers are contracting with those companies as valuable partners.

While health plans are committed to making accurate and up-to-date provider directory information available to consumers, a strong partnership and active participation with health care providers is essential to achieving this goal. Enhancing provider responsibility for ensuring accurate directory information would also lead to a more collaborative process and a more useful tool for patients, avoiding the inconvenience of inaccurate office locations, incorrect phone numbers, and non-acceptance of new patients.

Greater Standardization to Reduce Provider and Plan Burden

Despite private sector initiatives and government actions, provider directory data challenges remain. One key barrier to ensuring accurate provider directory information is that there is no single source-of-truth for provider information that can be leveraged to verify provider directory submissions without direct engagement of the clinician themselves.

To address these challenges, Americans would benefit from a public-private partnership between the federal government, clinicians, payers, and vendors to streamline and simplify collection of this information and improve its accuracy and completeness. Greater standardization and harmonization in the technical aspects of the information validation process would reduce provider and plan burden and make it easier to update directory information.

To that end, the Centers for Medicare & Medicaid Services (CMS) sought feedback in an October 2022 request for information (RFI) on developing a cohesive, national approach to building a technology-enabled infrastructure, such as the National Directory of Healthcare

Providers & Services (NDH).[4] This approach could serve to promote better accuracy of directories, reduce provider burden, and improve efficiency. It also could serve as a source of truth that health insurance providers could leverage to inform more accurate directories, as AHIP noted in our response to the RFI.[5]

Especially as digital technologies become a more essential part of health care delivery, improved provider directory accuracy that could be developed through a national streamlined infrastructure would reduce the burden on patients and would allow them to access the most up-to-date and accurate information about providers and identify an appropriate in-network provider and is a good fit for their specific needs.

Multi-stakeholder engagement is critical to the success of such an effort. AHIP urges the Committee to explore ways to leverage existing initiatives and support additional ways to standardize data elements to build on what is currently working. AHIP also encourages the Committee to work towards solutions that increase the efficiency and adoption of scalable technological solutions for improving the accuracy of provider directories. For example, we recommend that Congress provide adequate funding to support CMS' approach to building the NDH through a public-private partnership.

Addressing Systemic Challenges to Meet Growing Mental Health Care Demands

AHIP acknowledges and recognizes the important role health plans play in provider networks; effective mental health support depends upon accessible and affordable robust networks. Unfortunately, systemic barriers, such as workforce shortages and growing treatment demands, have also contributed to challenges with mental health access.

Health plans are working to address these challenges, such as integrating mental health care with primary care, providing access to telehealth, and broadening access to a wider range of mental health professionals in order to better meet the needs of patients where they are and offer care that is more coordinated, holistic, and effective.

Workforce Shortages

Health insurance providers recognize the need to address widely acknowledged workforce shortages and a growing demand for treatment where the supply of providers is insufficient to serve local needs. A recent analysis found that 47% of the U.S. population – 158 million people – live in an area where there is a mental health workforce shortage.[6] But addressing this ongoing issue can only be accomplished by all health care stakeholders working together.

Health insurance providers are working to improve mental health workforce issues by bringing more high-quality clinicians into their networks, training and supporting primary care physicians (PCPs) to care for patients with mild to moderate mental health conditions, expanding tele-behavioral health, and helping patients find available mental health appointments. In fact, among

[4] https://www.govinfo.gov/content/pkg/FR-2022-10-07/pdf/2022-21904.pdf
[5] https://www.ahip.org/resources/directory-ahips-response-to-cmss-request-for-information-on-the-creation-of-a-national-directory-of-health-care-providers-and-services-2
[6] https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/

commercial health plans, the number of in-network mental health providers has grown by an average of 48% in 3 years.[7] Nonetheless, longstanding mental health provider shortages persist and are exacerbated by many providers choosing not to participate in health plan networks.

Strengthening the Mental Health Workforce

Action is urgently needed to expand the number of mental health providers of all types – from psychiatrists and psychologists to social workers and mental health professionals.

AHIP supports legislative policies that provide incentives for individuals to enter the mental health field. These could include:

- Increasing funding for loan repayment programs for providers who enter the mental health field. If government resources are used to encourage people to enter the mental health field, AHIP supports requirements that those providers participate in health plan networks, particularly in public programs such as Medicare and Medicaid.
- Expanding the eligible provider types for National Health Service Corp (NHSC) scholarships to include mental health care professions with an additional emphasis on promoting workforce diversity.

In addition to expanding the number of providers, AHIP member organizations believe that every provider should receive training and be able to deliver culturally competent care. We support training of providers and staff on cultural competency, cultural humility, unconscious bias, and anti-racism in order promote empathy, respect, and understanding among provider networks and between providers and their patients.

Moreover, AHIP members believe in promoting diverse provider networks that reflect the communities they serve so that people can find providers who meet their needs and preferences. This includes provider and practitioner demographic diversity as well as diversity of staff and care team members. Improved directories where providers can more easily disclose demographics - such as race/ethnicity and languages spoken - would also help patients seek the type of provider that best meets their needs. Furthermore, a public-private partnership for a national directory infrastructure that could be leveraged to collect both provider and payer digital addresses to advance health data interoperability would also help improve the patient experience related to quality, equity, and affordability of care.

Mental Health Integration

Because the front door to health care for most individuals is their PCP, making that primary care practice a one-stop shop for people's physical and mental health needs can help with early identification of mental health issues, reduce the wait time to treatment, and improve access to mental health services for everyone.

That's why health insurance providers are exploring multiple ways to integrate mental health care with primary care - leveraging collaborations with PCPs as an effective way to enhance access to mental health support and improve overall health results. Integrated mental health care

[7] https://www.ahip.org/news/press-releases/new-survey-shows-strong-action-by-health-insurance-providers-to-growing-mental-health-care-demands

blends care for physical conditions and mental health, including mental health conditions and substance use disorders, life stressors and crises, or stress-related physical symptoms that affect a patient's health and well-being.[8]

Because many patients already have existing relationships with PCPs, integration of physical and mental health can provide multiple benefits to patients, including earlier diagnosis and treatment, better care coordination, timely information sharing, improved results, and improved patient and provider satisfaction. Many people with mental health conditions also have other chronic medical conditions. Integrating mental health with primary care can allow for earlier diagnosis and better coordination of care for patients with multiple complex physical and mental health conditions. This approach has also been identified by many stakeholders as a strategy not only to improve access and quality, but also to reduce disparities and promote equity.[9,10]

The Collaborative Care Model (CoCM) is one such model.[11] This model of integration includes care management support for patients receiving mental health treatment and psychiatric consultation. In addition to the CoCM, many health insurance providers have promoted integration and team-based care through other effective approaches, including enhanced referral, expanded case management specific to mental health conditions, and value-based arrangements.

The range of approaches currently underway underscores the importance of flexibility and recognition that physician practices are at varying stages of readiness in their ability to deliver fully integrated physical and mental health care. Health insurance providers see firsthand the vital role that mental health plays in overall health care and are committed to working with their provider partners to promote whole-person care through mental health integration.

The Role of Telehealth

Patients, health care professionals, and health insurance providers all appreciate the value of telehealth. Many patients can access telehealth from wherever they are, making it a vital tool to bridge health care gaps nationwide. Patients now accept – and often prefer – digital technologies as an essential part of health care delivery, including the delivery of mental health and substance use disorder services. Those accessing mental health services via telehealth can do so from the privacy of their own homes and free from concerns about the potential stigma associated with seeking care in brick-and-mortar settings for mental health conditions.

For patients in rural communities and other underserved areas with fewer practicing providers, telehealth can make mental health care more convenient, accessible, efficient, and sustainable. Patients who access care remotely can also avoid challenges associated with taking time off from work, arranging transportation, or finding childcare. For providers, telehealth also substantially reduces the number of no-shows, assuring that the time made available for patient care is spent delivering services to the patients who need it.

[8] https://www.integrationacademy.ahrq.gov/about/integrated-behavioral-health
[9] https://www.chcs.org/media/PCI-Toolkit-BHI-Tool_090319.pdf
[10] https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-physician-practices
[11] https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf

Health insurance providers are committed to ensuring that the people they serve, regardless of where they live or their economic situation, can access high-quality, safe, and convenient care. That is why they embrace telehealth solutions that help increase access to care. The telehealth flexibilities put in place during the COVID-19 public health emergency, such as waiving originating site requirements for telehealth services under Medicare and allowing reimbursement of more video-enabled telehealth and audio-only telehealth services, have proven critically important to the delivery of care throughout the pandemic.

The collective actions taken by Congress and the Administration, many of which were adopted across Federal programs and in commercial plans, allowed for increased access to telehealth for both patients and providers, leading to exponential growth in use especially for those in need of mental health services. Data show that over 60% of telehealth use is for mental health care.[12]

However, legislation is required to permanently authorize key evidence-based reforms under Medicare. We support legislative action and encourage Congress to act to permanently protect health insurance providers' flexibilities in creating telehealth programs and other virtual care solutions that will best serve the needs of their members and can provide convenient access to high-quality mental health services in an equitable manner across all populations and communities.

Conclusion

Mental health is an essential part of a person's overall health and well-being. Health insurance providers are working everyday with patients, providers, and communities to ensure access to mental health care and support – including making accurate and up-to-date provider directory information available to patients.

We are making progress, but we must recognize the multi-faceted nature of the challenges facing our nation's mental health care system and acknowledge the need for all stakeholders to do much more. AHIP believes that a strong partnership and active participation among both health plans and providers is essential to achieving the goal of maintaining timely, accurate provider directories so patients have the information they need and the information is up to date.

AHIP and its members are committed to working with the Committee to improve provider directory information and therein help patients access care more quickly and reduce administrative burden and costs for everyone, helping make coverage and care more affordable while also permitting clinicians to spend more of their time caring for patients.

AHIP appreciates the Committee's increased focus on these important issues. We look forward to working with you to further develop solutions to improve longstanding provider directory issues and enhance mental health care access and affordability.

[12] https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/nov-2021-national-telehealth.pdf