



May 7, 2019

The Honorable James T. Welch
Chair, Joint Committee on Financial Services
Massachusetts State House, Room 413- B
Boston, MA 02133

The Honorable James M. Murphy
Chair, Joint Committee on Financial Services
Massachusetts State House, Room 254
Boston, MA 02133

Re: In Support of H.913 & S.610: An Act to increase consumer transparency about insurance provider networks

Dear Chair Welch, Chair Murphy, and Distinguished Members of the Committee,

Thank you for the opportunity to submit testimony in support of H.913/S.610, *An Act to increase consumer transparency about insurance provider networks*. This bill is crucial, as it would improve the accuracy of insurance provider networks, thereby increasing access to and expediency of mental health care for children and their families.

The Children's Mental Health Campaign (CMHC) is a coalition of families, advocates, health care providers, educators, and consumers from across Massachusetts dedicated to creating a system where all children in Massachusetts have access to resources that can prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way. The CMHC is led by six partner organizations: Massachusetts Society for the Prevention of Cruelty to Children, Boston Children's Hospital, the Parent/Professional Advocacy League, Health Care For All, Health Law Advocates, and the Massachusetts Association for Mental Health.

The provisions in this bill (outlined in detail on page 2) would make it easier for patients, their families, and providers to find the care that they need through their insurance carriers' provider directories. Similar efforts have been implemented successfully in Texas, California, Pennsylvania, New Jersey, and the District of Columbia. Improving the accuracy of these directories will streamline the referral process, allowing patients and their families to access appropriate care when and where they need it. Currently, families seeking care in Massachusetts often are unable to find accurate, reliable information through their insurance carrier because insurers do not regularly update their provider directories. Insurance carriers *appear* to have adequate networks, as required by Chapter 224, §177. However, upon closer inspection, many listed providers have moved, closed their practice, or no longer participate in a given plan. Even for providers who are still practicing and in-network, the provider directory often contains inaccurate information about the services they deliver, languages providers speak, and whether

or not the provider is accepting new patients. All of these issues result in the all-too-common occurrence of “ghost networks.” These inaccuracies are burdensome to patients and their families, as they are tasked with contacting long lists of providers and cannot find the appropriate care for their family. Earlier access to mental health care not only improves health outcomes for children but actually accomplishes a cost savings through the decreased use of emergency services, which reduces the overall cost of treatment.

These “ghost networks” are especially pronounced for children with mental health needs. Because psychiatric care for children is a limited resource in the Commonwealth, children who require psychiatric hospitalization often cannot get care in a timely way, resulting in worsening of their symptoms. Families may bring their child to the Emergency Department because they cannot find a provider in the community and they just cannot wait. More reliable provider directories are better for children and will ultimately save insurers money by allowing access to outpatient care when a need is first identified.

The CMHC supported a bill during the last legislative session and engaged with the plans and the provider organizations, with the leadership of Rep. Barber and Sen. Friedman, to develop the language that was incorporated into the current bills. The language in H.913 & S.610 strikes a balance that ensures improvements to provider directory accuracy by holding all parties accountable for short-term, consumer-friendly changes, while allowing carriers, providers, and advocates to continue to work together in order to develop long-term solutions. Short-term solutions included in this bill requires insurance carriers to ensure the accuracy of the information on their provider directories by:

- Requiring carriers to update their online network provider directory monthly to reflect providers and groups that are not accepting new patients, providers that are no longer under contract, changes to practice location, and any other information that affects the content or accuracy of the provider directory.
- Making printed copies of the provider directory available by mail as requested, postmarked no later than five business days following the date of the request, and may be limited to the geographic region in which the requester resides or works or intends to reside or work.
- Establishing, in both electronic and print directories, a dedicated customer service email address and telephone number or electronic link that insureds, providers and the general public may use to notify the carrier of inaccurate provider directory information.

In order to develop and sustain long-term solutions, this bill establishes a task force, chaired by the Division of Insurance (DOI), to make recommendations for improving the accuracy of provider directories. The DOI would then issue regulations based on these recommendations to ensure consistency across carriers.

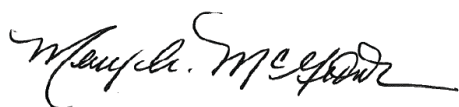
Commercial insurers should welcome the opportunity to decrease the need for costly emergency department visits and hospitalizations, through simply providing correct information to patients. In a Maryland study, just under half of psychiatrists could not be reached at the numbers listed for them in the provider directories. In New Jersey, one-third of psychiatrists listed in provider directories had incorrect contact information. About 18% of providers in one California health

plan were not practicing at their listed locations. In a market conduct examination completed by the Massachusetts DOI in 2018, 36-71% of behavioral health provider information was not completely accurate.¹ In 2016, a study that included Massachusetts found that a “secret shopper” could schedule an appointment with only 17% of in-network child psychiatrists and that the mean wait time for psychiatry appointments was 30 days longer than for other pediatric appointments.² In 2016, state regulators fined Blue Shield and Anthem Blue Cross a combined \$600,000 for failing to improve provider directories.³ The stories of struggle shared by parents attempting to find care for their children demonstrate that even in Massachusetts, a state known for world-renowned health care, we are not an exception to the need for greater network adequacy.

According to existing federal law and regulation, and detailed by the National Association of Insurance Commissioners (NAIC) in their updated *Managed Care Plan Network Adequacy Model*, for a network to be considered “adequate,” it must provide adequate numbers, types, and a geographic distribution of providers; it must ensure that access to care is timely; and it must include essential community providers that serve predominantly low-income, medically-underserved patients. Because of the dual role of federal and state governments with respect to health insurance regulation, however, network adequacy standards are often defined and enforced at the state level.⁴ Through this bill, this Committee and the current Legislature have an opportunity and a responsibility to ensure accurate provider directories, and therefore, improved access to care for the children and families of the Commonwealth.

With approximately one in five children and adolescents experiencing symptoms of a diagnosable mental health disorder each year, it is imperative that families have access to care found in accurate and reliable provider directories. Streamlined access to in-network, outpatient providers would consequently improve health outcomes for children and families, resulting in cost savings for the health care system. For all of these reasons, **the CMHC strongly supports H.913/S.610, An Act to increase consumer transparency about insurance provider networks**, and we urge you to consider this bill for a favorable report out of your committee.

Sincerely,



Mary McGeown
Executive Director, MSPCC

¹ Massachusetts Division of Insurance. Summary Report: Market Conduct Exam Reviewing Health Insurance Carriers’ Provider Directory Information. (June 2018).

² Cama, S., Malowney, M., Smith, A. J. B., Spottswood, M., Cheng, E., Ostrowsky, L., ... & Boyd, J. W. (2017). Availability of Outpatient Mental Health Care by Pediatricians and Child Psychiatrists in Five US Cities. *International Journal of Health Services*, 0020731417707492.

³ Georgians for a Healthy Future, http://healthyfuturega.org/ghf_resource/whats-wrong-with-georgias-provider-directories/

⁴ Georgians for a Healthy Future, <http://healthyfuturega.org/wp-content/uploads/2016/02/network-adequacy-brief.jpg>