

Access to Psychiatrists in 2014 Qualified Health Plans

A Study of Network Accuracy and Adequacy Performed from June 2014-
November 2014

Summary

In June of 2014 the Mental Health Association of Maryland (MHAMD) performed a study to assess the accuracy and adequacy of the psychiatric networks of the 2014 Qualified Health Plans (QHP) sold through the Maryland Health Connection. The QHPs are provided by carriers that also sell plans outside the Maryland Health Connection, but the only network listings that are publicly available are the QHP networks.

The study results indicate that only 14% of the 1154 psychiatrists listed were accepting new patients and available for an appointment within 45 days. Researchers spent six months calling multiple numbers for the listed providers to find that 57% of the 1154 psychiatrists were unreachable- many because of nonworking numbers or because the doctor no longer practiced at the listed location. As the number of newly insured continues to grow, wait times will increase, and individuals may forgo care or resort to paying high out of pocket costs to access critical care outside their insurance network if they have the means to do so.

Background

MHAMD is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. In 2011, MHAMD launched the Maryland Parity Project to educate consumers and providers of the rights afforded to them under the Mental Health Parity and Addiction Equity Act of 2008 and assist them in enforcing those rights through the appeal and grievance process.

Since 2012, the Maryland Parity Project has responded to hundreds of calls from consumers and providers with concerns about their private health insurance plan and the challenges they face in obtaining the mental health or substance use treatment they need. In the last year, calls to the project related to an inability to secure an appointment with an in-network psychiatrist have dramatically increased. Individuals and families are experiencing wait times of three to six months or huge out of pocket costs to seek care from a psychiatrist who doesn't accept their insurance.

Unfortunately, this is not a new phenomenon in the privately insured market. Previous studies done over the last 25 years by MHAMD and other organizations found there were long delays for individuals to access psychiatric care. In 1988, MHAMD published, “Study of Mental Health Coverage Provided by Maryland HMOs.” This study sought to provide a comprehensive picture of the impact of HMOs on access to mental health care. The anecdotes from mental health professionals in 1988 illustrated the long wait times their patients faced when trying to secure an appointment with a psychiatrist. As a follow-up, in 2002, the Mental Health Coalition of Maryland conducted a survey of mental health professionals to ascertain how the managed care system affected an individual’s ability to access mental health care. Many respondents reported dropping out of private insurance networks, resulting in more consumers having to pay out of pocket for mental health care. In 2007, the Maryland Psychological Association published a white paper titled, “Access to Care in the State of Maryland.” Their survey found that 44% of mental health professionals listed in the managed care networks were unreachable, and that the average wait time for an appointment with a psychiatrist was 25 days.

In 2014 the Affordable Care Act was fully implemented in Maryland with the establishment of the Maryland Health Benefit Exchange (MHBE), Maryland’s state health insurance marketplace, and its consumer-facing website, the Maryland Health Connection. New QHPs were certified by the MHBE to meet the requirement, among other nondiscrimination provisions, of adequate networks of specialists to serve their members. MHAMD undertook a study in 2014 to determine the adequacy of QHP psychiatric networks. The study was specifically designed to determine a QHP-insured individual's ability to access in-network psychiatrists because the networks for these plans are publically available.

Methods

The study, performed in June 2014 through November 2014, had two specific goals: (1) to determine the accuracy of information in the provider directory linked from the Maryland Health Connection; and (2) to determine the accessibility of the psychiatrists listed in the directories for the four insurance carriers selling QHPs through the Maryland Health Connection for plan year 2014, by determining the timeframe for the next available outpatient appointment. The research team consisted of three trained interviewers, supervised by the Director of the Maryland Parity Project of the Mental Health Association of Maryland. The researchers used the provider search tool uploaded by the Chesapeake Regional Information System for our Patients (CRISP). CRISP, Maryland's Health Information Exchange, was contracted by the MHBE to manage the provider search tool, enabling consumers to determine whether their current providers were participating with the new plans they could choose. Consumers have access to this provider search tool through the Maryland Health Connection website with updated data from carriers being uploaded every two weeks. The researchers performed an advanced search for each carrier to identify all providers tagged with a psychiatry specialty, including adolescent and geriatric psychiatry. The alphabetical directory of psychiatrists provided by the search was then transferred into an excel spreadsheet denoting name, license, addresses and telephone numbers. The total list size varied depending on the insurance plan with considerable overlap among lists.

The researchers used CRISP contact information to make the initial call for the purpose of determining whether: (1) the provider was a practicing psychiatrist; (2) the address and phone number were correct; (3) the provider was accepting new patients on an outpatient basis; and (4) the provider was in-network with the plan of reference. In addition, the interviewer determined the timeframe for the next available appointment. The researchers' prescribed script (see Appendix A) used separate question paths depending on responses given, and responses were recorded in the spreadsheet. For providers who could not be reached initially, at least one additional call was made at a later date and at least two voice mails were left requesting a call back. The researchers spoke with individual doctors or appointment managers in nearly every case when a working number for the listed provider could be found, and the phone was answered.

Data Collection

Data was collected from June 2014 to November 2014 and was analyzed in December 2014. Data was separately collected and recorded for each of the four carriers selling QHPs for the 2014 plan year: Carefirst, Evergreen Health, Kaiser Permanente, and United Health Care. Carriers are listed here alphabetically but were randomly assigned letters for data collection and reporting. Using the CRISP search tool a total of 1154 psychiatrists were identified across all four carriers: totals listed for each carrier: Carrier A - 1030; Carrier B - 600; Carrier C - 453; and Carrier D - 33. Some psychiatrists were identified as participating with multiple carriers. In these cases, the researchers determined the correct addresses and phone numbers for each doctor on the initial call. Subsequent calls to that doctor verifying information for a different carrier were made using the correct number, but data related to veracity of the in-network status with each insurer and the time frame for an outpatient appointment were recorded separately for each carrier network.

“That Doctor hasn’t worked here in eight or nine years. We told the insurance company that years ago, but we can’t get him removed.”

Appointment Manager in a large practice

Results

Accuracy of directory information

Only 43% (497 of 1154) of psychiatrists listed could be reached. The top two reasons for this were, 1) nonworking numbers, including numbers that went to a non health care establishment, and 2) psychiatrist no longer practicing at the locations indicated for reasons that included retirement, death, and relocation out of state or to another mental health facility or organization. Other reasons included messages that were unreturned or an inability to leave a message when no one answered the phone.

Carrier	Percentage Reachable	Number Reachable	Total Number of Psychiatrists Listed
Carrier A	40%	410	1030
Carrier B	25%	151	600
Carrier C	37%	167	453
Carrier D	85%	28	33

19% (216 of 1154) of mental providers listed as psychiatrists who were able to be reached indicated that they were not psychiatrists. This does not include the number of providers listed who were unreachable. Some incorrectly listed as psychiatrists were non prescribing mental health providers; others were medical doctors, such as neurologists or family doctors.

Carrier	Percentage NOT Psychiatrist	Number Not Psychiatrist	Total Number of Psychiatrists Listed
Carrier A	12%	121	1030
Carrier B	18%	108	600
Carrier C	24%	107	453
Carrier D	0%	0	33

Availability of psychiatrists

Less than 40% (457 of 1154) of providers listed in the directory were psychiatrists who reported they accepted the insurance they were listed as accepting.

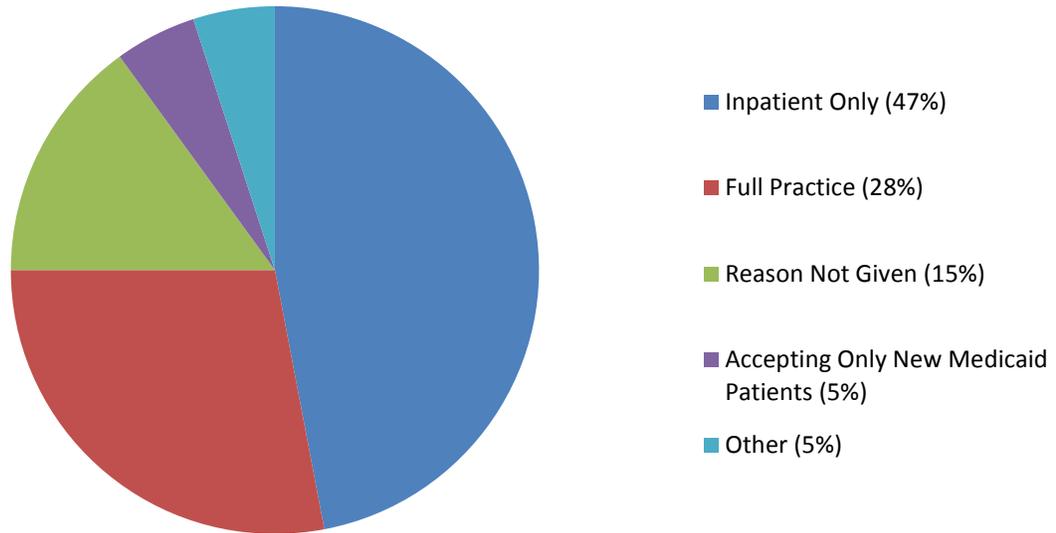
Carrier	Percentage Accepting Insurance Listed	Number Accepting Insurance Listed	Total Number of Psychiatrists Listed
Carrier A	35%	363	1030
Carrier B	22%	129	600
Carrier C	34%	153	453
Carrier D	79%	26	33

Less than 18% (203 of 1154) of the providers listed reported that they were psychiatrists accepting the designated insurance and new outpatients.

Carrier	Percentage Accepting New Outpatients	Number Accepting New Outpatients	Total Number of Psychiatrists Listed
Carrier A	15%	157	1030
Carrier B	15%	88	600
Carrier C	13%	57	453
Carrier D	79%	26	33

Respondents often gave the researchers additional information, including why they were unable to take new outpatient appointments at the time of the call.

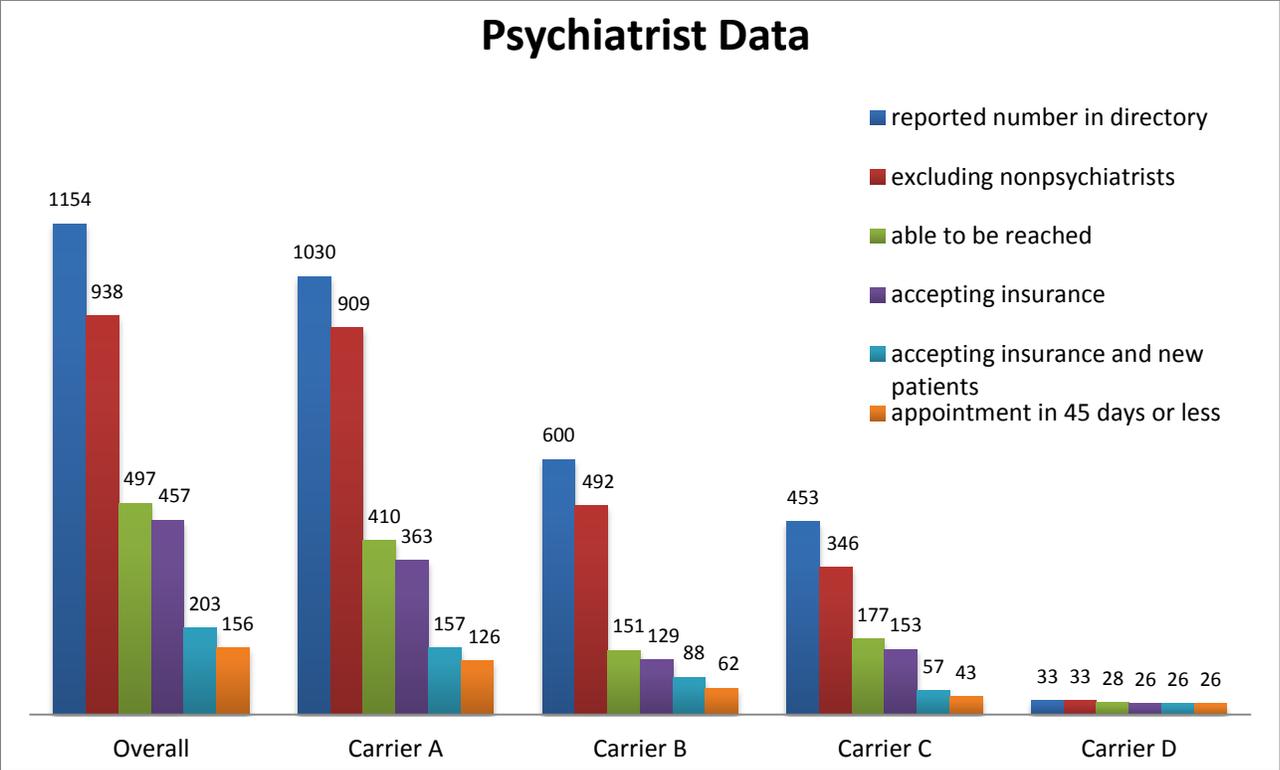
Reasons Given For Not Accepting New Patients



Less than 14% (156 of 1154) of the providers listed reported being psychiatrists, accepting the insurance and available for an appointment in less than 45 days.

Carrier	Percentage available for appointment in 45 days or less	Number available for appointment in 45 days or less	Total Number of Psychiatrists Listed
Carrier A	12%	126	1030
Carrier B	10%	62	600
Carrier C	10%	43	453
Carrier D	79%	26	33

Carrier D was an outlier in the study. Although it had the smallest number of psychiatrists listed, nearly all of the information was correct and the majority of their psychiatrists were reachable and accepting new patients. All of the providers listed worked for carrier-owned and operated facilities. This carrier covers the one of the smallest geographic service area of the four carriers, excluding many rural areas.



Implications

According to the Maryland Board of Physicians, as of January 1, 2015, there are 1193 licensed psychiatrists in Maryland. As of May 15, 2014 the Maryland Health Connection reported enrolling 67,900 individuals in Qualified Health Plans. According to a study published by the Federal Substance Abuse and Mental Health Services Administration in October of 2014, approximately 22.5% of the US population has experienced one or more mental health or substance use disorders within the past year. Extrapolating this data across the population of those enrolled in QHPs in Maryland, approximately 15,278 individuals in the newly enrolled population will likely need to see a mental health professional within one year. With the second QHP enrollment period starting in mid-November 2014, the researchers briefly reviewed the CRISP database for the 2015 plan networks. Researchers compared the total number of psychiatrists listed for the 2014 and 2015 plans and

“None of our doctors participate with insurance anymore because of the frustrating credentialing and authorization process.”

Manager in a small practice

“We don’t have any appointments for 4 months. If you can get an appointment with a psychiatrist that takes this insurance in 8 or 9 weeks, you should take it.”

Manager in a small practice

noted little change and limited improvement. With the anticipated influx of tens of thousands of new people purchasing QHPs, the demand for in-network psychiatrists will increase, exacerbating wait times for appointments for those currently insured as well as those new to coverage. Maryland Insurance Code 15-112 (j)(3)(i) requires insurers to update their internet published, provider directory every 15 days with any provider-noted changes. Based upon the findings of our six-month study, there is no evidence that the QHP lists for participating providers have been substantially updated. In fact, the lists remained unchanged from June to December of 2014 for two of the plans in the study.

It is imperative that insurers be held accountable for ensuring that the information in their provider directories is accurate and updated in accordance with Maryland statute. In addition, the inaccuracy in the directories combined with the apparent lack of in-network psychiatrists – for the three insurers with the largest networks, no more than 15% of any carrier’s reported in-network

psychiatrists are accepting new patients within the next 45 days - is also a violation of Maryland COMAR 31.10.34.04, which requires carriers to maintain a provider panel that is sufficient in numbers and types of available providers to the meet the health care needs of its enrollees.

As long as errors persist, and substantial numbers of doctors who appear as in-network providers are not, then individuals will be unable to access the care they need in a timely fashion. They will make numerous calls only to find out that doctors are not available to them; resign themselves to long wait times to get an appointment and risk the likelihood that the symptoms of their illness will escalate while they wait; go out-of-network for needed care if they can afford the associated high out of pocket expenses; or give up.

Recommendations

The Mental Health Association of Maryland will continue to work with community partners, stakeholders, and decision makers to advance policies and strategies to improve an individual's ability to access mental health and substance use disorder care. In response to the inaccuracy and inadequacy of psychiatry networks within the Qualified Health Plans, MHAMD recommends that policies be implemented to require that:

- Insurance carriers make public a self-audit of the QHPs yearly, using an approved format that is consistent across all carriers to ensure comparability of results;
- Insurance carriers publish on their website and annually in writing, the process by which insured individuals can access out of network care at the in-network cost-sharing level, as required in Maryland Insurance Article 15-830(d) and (e); and
- The Maryland Insurance Administration publish the process that insured individuals can use to enforce their rights to out of network care pursuant to Maryland Insurance Article 15-830 (d) and (e), including making this information available on their website and in print on the complaint form.

APPENDIX A: SURVEY QUESTIONS

**RECORD DATE AND INITIALS ON DATA SHEET;
RECORD PROVIDER NAME AND CONTACT INFORMATION BEFORE
PROCEEDING**

**Question 1: Hello, I got our name from (insert name of health insurance company).
I am looking for a psychiatrist. Do you accept (insert name of health
insurance company)?**

RECORD ANSWER

If yes, proceed to Question 2. If no, skip to Question 5

Question 2: Are you accepting new outpatients?

RECORD ANSWER

If yes, proceed to Question 3, if no, skip to Question 6

Question 3: When is the soonest I can get an appointment to see the psychiatrist?

RECORD ANSWER

Proceed to question 4

Question 4: Before I make the appointment, I would like to verify your office address.

RECORD ANSWER

Thank you for your time, I think I will call back to make an appointment.

End the Call

**Question 5: I understand you are not accepting (insert insurance name), but may I still
verify your address for future reference?**

RECORD ADDRESS VERIFICATION

Thank you for your time. End the Call

**Question 6: I understand you are not accepting new outpatients at this time, but may I
still verify your office address for future reference?**

RECORD ADDRESS VERIFICATION

Thank you for your time. End the Call.