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Testimony of Jennifer B. Warkentin, Ph.D.

In support of H.913 and S.610, An Act to increase consumer transparency about insurance provider networks

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The Massachusetts Psychological Association (MPA) strongly supports H.913 and S.610, *An Act to increase consumer transparency about insurance provider networks*. If passed, this bill will make it easier for patients and their families to find the care that they need and aid the streamlining of referral systems. Currently, families and individuals seeking care in Massachusetts are often unable to find accurate, reliable information through their insurance carrier because insurers do not regularly update provider directories. As a result, most plans appear to have far more providers in network than are actually available. It is not uncommon for providers on those lists to have moved or closed their practice, to no longer accept that health plan, as well as having erroneous information listed about the services they deliver, and whether or not the provider is accepting new patients. This leaves families with long lists and dozens of providers to call, and with increasing alarm, find that there are few providers that can actually provide the help they need.

MPA provides a referral service to the public and to our members, whereby we post to our member listserv looking for psychologists who are available to treat a particular issue and accept the person's insurance. The vast majority of our referrals are on behalf of consumers covered by a few plans in particular, and we routinely struggle to find potential providers. Many of our members have reported that when they speak with people seeking help, they very often note how many providers they've had to call with no success and their overall frustration with the process. In the personal conversations I have had with people seeking referrals, it is clear that many of them are frustrated and feel lost because they don't know where to turn for help after making repeated efforts to find a provider. These inaccurate provider lists represent a significant barrier to access to care, and create a two-tier behavioral health system for those who are fully insured, whereby some people have little trouble finding help and others experience significant frustration.

MPA also holds regular meetings with most of the major health plans to advocate for positive changes, voice members' concerns, educate the plans about evidence-base practice, and to ensure compliance with state and federal laws and regulations. I routinely raise the issue of insufficient provider networks with the few plans where networks appear to be lacking. In every instance, we have been assured that the network coverage is sufficient, with no explanation for why we continue to struggle to find providers who are paneled with these plans. Furthermore, it is not uncommon for our members to contact me to request my help in getting off of one of these health plan's online list of providers.

Several of our members report making repeated requests, to different people and departments, to have their information be deleted from the online list of providers, with little to no success. *An Act to increase consumer transparency about insurance provider networks* directly addresses these problems for the benefit of consumers.

We suspect that in at least in some of these cases the provider lists are not being updated precisely *because* a health plan wants to create the façade of a sufficient provider network. MPA has attempted to gather the necessary information to determine if this is the case, but are stymied by the fact that the necessary knowledge is proprietary or not available to people outside of the network. This bill would require the health plans to provide the public with the information necessary to determine if a plan's provider network is sufficient. Without that information, there is little that can be done to challenge the status quo and this significant barrier to accessing care will continue.

Such inaction on the part of the health plans results in lost time for both the patient and the provider, and only adds to the frustration experienced by patients as they attempt to find a provider that can treat them. With more reliable and accurate health plan provider directories to guide patients to appropriate care, the limited inpatient resources in our Commonwealth would be more available for those who truly need them, and outpatient services will be more properly utilized. Commercial insurers should welcome the opportunity to decrease the need for costly emergency department visits and hospitalizations, through making the updates that providers communicate to them, and providing correct information to patients.

One important provision of this bill is the creation of a task force to develop guidelines for creation and implementation of these regulations. Having participated on a recent workgroup through the Massachusetts Collaborative on provider directories, I can attest that it is a very complicated issue and one that requires significant thought and engagement by all parties involved so that the final result is accurate and does not place unreasonable demands on providers. These provisions would also allow access to reliable and accurate information which is critical to ensuring timely, appropriate, and competent services for all patients in need of specialty care. This is especially true for children with acute mental and behavioral health care needs, as earlier access to care improves outcomes.

To ensure better access to care, we urge you to move favorably on H.913 and S.610, *An Act to increase consumer transparency about insurance provider networks*, and we urge you to recommend the bill favorably.

Thank you for taking the time to listen to our concerns on this very important issue.

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