



MENTAL HEALTH ASSOCIATION IN NEW JERSEY MANAGED CARE NETWORK ADEQUACY REPORT JULY 2013

Background

The Mental Health Association in New Jersey (MHANJ) is a statewide private, non-profit organization dedicated to improving access to treatment and opportunities for children and adults with mental illness. Through legislative and executive advocacy, our organization works with and for consumers and families to create a better life for those with mental illness.

MHANJ identified a need to assess the availability of psychiatric care through managed care networks, the model used by most private insurance plans. This need was based on reports from consumers about the difficulty in finding a psychiatrist in the state that would accept their insurance and in getting an appointment. Through our statewide helpline, we had identified long waits in getting psychiatric appointments in the public sector; wait times for appointments were often as long as three to six months. Through our advocacy work we have found increasing consumer reports of difficulty in finding psychiatrists accepting private insurance.

Research shows there is a “serious public health problem of access to psychiatric care in privately managed insurance plans...” due to factors including shrinking psychiatrist workforce numbers, declining fees and an increasing administrative burden (Wilk, et. al., *Psychiatric Services*, April 2005).

A previous study of two New Jersey counties found that only 50% of network providers were accepting new patients. The study also determined that “phantom networks have effects on managed care patients in terms of time necessary to see a clinician...” (Holstein & Paul, *Hospital Topics*, March 2012).

In New Jersey, licensed Health Maintenance Organizations (HMOs) must maintain adequate network capacity. The HMO regulations require “there shall be a sufficient number of licensed medical specialists available to HMO members to provide medically necessary specialty care. The HMO shall have a policy insuring access to specialists [including psychiatrists] within 45 miles or one hour driving time, whichever is less, of 90 percent of members within each county or approved sub-county service area”. (New Jersey Department of Banking and Insurance, 2006)

Participating/preferred provider organizations (PPOs) were selected as a focus for the study since PPOs are the insurance type that covers the majority of private insurance.

This study was designed to explore access to psychiatric care in NJ for privately insured patients. The objectives were to assess:

- Accuracy of published provider lists published by each MCO
- Acceptance of new patients by providers
- Wait times for appointments

Study Methodology and Design

The study team consisted of a trained interviewer, health policy intern, policy consultant, consumer, study director/advocate, psychiatrist consultant, market research/data expert and MHANJ management team.

The study was focused on the PPO networks of the Managed Care Organizations (MCOs) in NJ. By using the websites of the MCOs, we searched by zip code to identify psychiatrists listed on the network PPO lists. We searched 100-mile radius from zip codes in north and south NJ. The total PPO list sizes varied depending on plan (range: 70 – 400) with considerable overlap among lists. The following plans were included: Aetna, AmeriHealth, CIGNA, Coventry, Geisinger, Horizon and Oxford/Liberty.

We identified 702 individual physicians that are on the psychiatry PPO network lists in New Jersey. [Note: there are ~1550 board certified psychiatrists in New Jersey.]

From that list of 702, a random sample list of 525 doctors across plans was created. A telephone contact was attempted by the interviewer. The contact information provided by the MCO was used to make the initial call. The accuracy of the contact information provided by the MCO was evaluated. If the information was incorrect and the physician could not be reached, it was noted.

In cases where the information was wrong, additional contact information was researched through the internet or other paths to seek accurate information.

If the doctors were reached, the interviewer used a questionnaire (attached) to collect data. The doctors were asked if they were taking new patients. There were separate question paths that were followed depending on the psychiatrist's responses. (e.g. yes, taking new patients; no, not taking new patients). If the doctor was taking new patients, information about wait times for appointments was collected.

We spoke to the doctors themselves or the practice manager. The calls were made by one interviewer to assure consistency of approach.

Data Collection and Analysis

The timeline for data collection was March through June, 2013.

525 physicians were called using the information provided by the MCO on their network site. Accuracy of the information provided by the plans was assessed.

321 doctors (of the 525 called) were able to provide information on their ability to accept new patients. The vast majority required multiple calls (2-3+) to get the correct contact information and complete the questionnaire.

Questionnaires were reviewed and then submitted to a data entry specialist for input. The information was analyzed by the study team.

Results

Accuracy of Published Network Lists

Of the 525 physicians called, **33% (172) had incorrect contact** information listed. Using the information provided by the MCO, our interviewer was unable to reach the doctor a third of the time.

Of those 172 incorrectly listed, we were able to reach an additional 36 doctors (20%) after making calls to alternate numbers retrieved from on-line searches and other sources.

An additional 8 % (43) of listings appeared to be correct. (i.e., the office recording confirmed the physician's presence), but there was no response after leaving multiple voicemails.

59% (310) had accurate contact information listed.

Acceptance of New Patients

Of the 525 called, the total number of physicians from whom we obtained some questionnaire responses from our calls was 321 (61%). These doctors are all listed on the MCO network rosters as available for members to make appointments.

321 doctors answered the question, "are you accepting new patients?"

- 16% said no, they were not accepting new patients.
- 8% were not psychiatrists
- 12% only take patients who are being treated in their public agencies

- 13% only take patients who are in their hospitals.
- 51% of those said yes, they were taking new patients.

Wait Times for First Appointments

Of the 126 psychiatrists who responded to the question of when they can accept new patients, 24% have wait times of more than two months to get an appointment. Another 25 % must wait one to two months, 25% can offer an appointment in two to four weeks and 25% can offer an appointment in less than two weeks.

Sampling of Comments from Physicians/Offices

Shortage of Psychiatrists

- “There is a tremendous shortage of mental health practitioners in our area. We cannot accept new patients until September, 2013, and some patients have agreed to wait.” Galloway, NJ 3/25/13
- “We have a 2 ½-3 month wait. Other doctors are dropping insurances and we’re getting these patients.” Bricktown, NJ 5/14/13
- “We are backlogged 2 months, we had to take the website down. In ten years, I’ve never seen this overload of patients.” –Livingston, NJ 4/15/13

Difficulty in Finding Child Psychiatrists

- “We have a 6 to 9 months’ wait for new patients.” Mountainside, NJ 4/25/13
- “No availability for new patients at present; September is the earliest.” NJ 5/29/13

Reimbursement/Red Tape

- “All we ask as providers is to be paid fairly for our work. As psychiatrists, most of the work that we bill requires direct face-to-face contact. In other words, we cannot rely much on staff or physician extenders to increase our productivity....Managed Care is forcing doctors out.” Hoboken, NJ 3/19/13
- “We have to fight for everything. Generic substitution doesn’t always work” Livingston, NJ 4/15/13

Accuracy of Managed Care Lists

- “Dr. ___ moved to Florida 10 years ago. You’ve got some really old info there.” Summit, NJ 4/23/13

- “Dr. ___ is an Orthopedic Surgeon. Insurance companies have gotten this incorrect for years.”-- Jersey City, NJ 4/5/13
- “Dr. ___ hasn’t been here for at least 5 years.”, Marlton, NJ 5/30/13

Recommendations and Next Steps

MHANJ will :

- Review the DRAFT report with the study team and finalize. (July/August)
- Share the results with the following to inform them of the impact of the current difficulties in obtaining mental health services for a significant portion of New Jersey’s population. These include:
 - Key policymakers, NJ Division of Mental Health and Substance Abuse, Department of Banking and Insurance (responsible for Managed Care Network Adequacy), and the Commissioner of the Department of Human Services to inform them of the impact of the current difficulties in obtaining mental health services for a significant portion of New Jersey’s population.
 - The MCOs Management for their individual organizations and discuss plans to improve access to care.
 - NJ legislators in the Senate and Assembly responsible for health and insurance
 - The NJ Behavioral Health Advocacy Community
 - Selected media to educate the public and raise levels of awareness on the difficulty in accessing mental health care.

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