# 'PHANTOM' NETWORKS: EXAMINING MENTAL HEALTHCARE ACCESS IN OREGON MEDICAID

Medicaid is the largest payer for mental health services in the US. Access to mental health services in Medicaid is challenged by low provider acceptance of Medicaid, high turnover and high demand.

PRIMARY OBJECTIVE

In Oregon, Medicaid managed care (MMC) is run through **15 coordinated care organizations (CCOs)** which cover distinct geographic areas within the state.
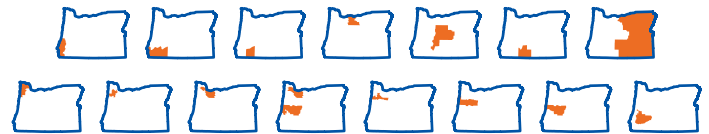
Each of the CCOs is required to make a list of all providers and facilities that are in network covered under MMC that are available to their enrollees. **We sought to describe the extent to which provider directories in Oregon's Medicaid program reflected providers who were truly seeing patients according to claims data.**

METHODS

To do this, we **compared provider directories submitted by the CCOs to the state of Oregon against Medicaid claims data for enrollees age 64 and younger in 2018.** Providers were considered **in network for a CCO if they were associated with any medical claims for at least five different individuals enrolled in a particular CCO.**

We examined **three types of providers** who provide mental health services:

MENTAL HEALTH PRESCRIBERS
ex. psychiatrists, mental health nurse practitioners

MENTAL HEALTH NONPRESCRIBERS
ex. therapists, counselors, social workers

PRIMARY CARE PROVIDERS
included because they deliver a large share of mental health services

Center for **HEALTH SYSTEMS EFFECTIVENESS**
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WHAT IS A 'PHANTOM' PROVIDER?

A **'phantom' provider** is a provider or facility listed on an insurance plan directory that enrollees cannot access. Reasons may include:

- Incorrect contact information
- Provider has moved
- Not accepting new patients
- No longer accepts that insurance

RESULTS

Overall, **58.2% of directory listings were 'phantom' providers** who saw few or no Medicaid patients.

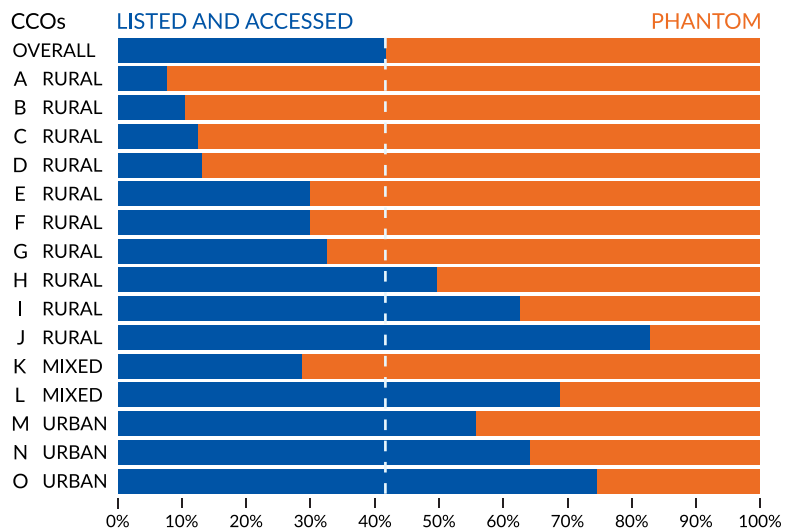|		
67.4%	**59%**	**54%**
of	of	of
MENTAL HEALTH PRESCRIBERS	**MENTAL HEALTH NONPRESCRIBERS**	**PRIMARY CARE PROVIDERS**

Below is a chart describing the proportion of directory providers that were **listed and accessed** versus **listed and not accessed**, or **'phantom,'** listed by individual CCO (A-O) along with the population density of their service area (rural, mixed or urban).

CONCLUSION

Our findings suggest **significant discrepancies between provider directories and the actual availability of providers.** These discrepancies suggest that federal and state efforts to monitor and enforce network adequacy standards might not be accurate if they rely on current network directories. Without fixes, these discrepancies also curtail consumers' ability to obtain transparent and accurate information on network provider coverage.