

The **UNITED STATES SENATE**
COMMITTEE on FINANCE
CHAIRMAN RON **WYDEN**, D-OREGON

www.finance.senate.gov | @SenateFinance



FOR IMMEDIATE RELEASE

Contact: Taylor Harvey (202) 224-4515

May 3, 2023

WYDEN CALLS FOR ACTION TO GET RID OF GHOST NETWORKS, RELEASES SECRET SHOPPER STUDY

New Findings from Finance Chairman Show 18 Percent Success Rate Making an Appointment with a Mental Health Care Provider, Indicating Widespread Prevalence of Inaccurate Provider Directories Known as Ghost Networks

Wyden's Full Remarks from Finance Hearing on Ghost Networks Below, As Prepared for Delivery

Washington, D.C. – Senate Finance Committee Chair Ron Wyden, D-Ore., today released findings for a secret shopper study conducted by the committee majority staff, as a part of his efforts to address ghost networks, which are inaccurate health provider directories that prevent Americans from getting mental health care. The findings are released as the committee [holds a hearing](#) on ghost networks.

Staff reviewed directories from 12 different plans in a total of 6 states, calling 10 systematically selected providers from each plan, for a total of 120 calls. Of the total 120 provider listings contacted by phone, 33% were inaccurate, non-working numbers, or unreturned calls. Staff could only make appointments 18% of the time.

The full report can be found [here](#).

Wyden's full opening remarks can be found below, as prepared for delivery:

This morning the Finance Committee gathers to discuss ghost networks, which are provider directories maintained by insurance companies that are often inaccurate and unusable by American families who need mental health care.

I want to be clear from the outset what I mean: when insurance companies host ghost networks, they are selling health coverage under false pretenses, because the mental health providers advertised in their plan directories aren't picking up the phone or taking new patients. In any other business, if a product or service doesn't meet expectations, consumers can ask for a refund.

In my view, it's a breach of contract for insurance companies to sell their plans for thousands of dollars each month while their product is unusable due to a ghost network. I'm going to use all resources at my disposal as Chairman of the Senate Finance Committee to get some real accountability.

In a moment of national crisis about mental health, with the problem growing exponentially during the pandemic, the widespread existence of ghost networks is unacceptable. When someone who's worried about their mental health or the mental health of a loved one finally works up the courage to pick up the phone and try and get help, the last thing they need is a symphony of "please hold" music, non-working numbers, and rejection.

Just take a moment and think about the impact that might have on an individual who's already in a challenging situation. It's not hard to imagine how many Americans simply give up and go on struggling without the help they need.

This is not a hypothetical matter. Just last month, my staff conducted a secret shopper study: they made over 100 phone calls to make an appointment with a mental health care provider for a family member with depression across 12 Medicare Advantage insurance plans in six states.

The results were clear. Our secret shoppers were only able to get an appointment 18 percent of the time. That means more than 8 in 10 mental health care providers listed in the insurance companies' directories were inaccurate or not taking new appointments. A third of the time the phone number was a dead end altogether. In one instance, staff trying to reach a mental health provider were instead connected to a high school student health center. In another, they were connected to a mental health specialist in another state. And in my state of Oregon, the results are especially troubling -- my staff could not make one successful appointment.

Other secret shopper studies looking at commercial health insurance found similar results. In 2017, researchers posing as parents seeking care for a child with depression were only able to obtain an appointment 17 percent of the time. Another from 2015 resulted in an appointment only 26 percent of the time after 360 calls. It is clear that ghost networks are a persistent, widespread problem in the health care system.

The Finance Committee has been looking closely at this issue, and in my view there are reasons to be optimistic that Congress can take action. A little over a year ago the committee first heard the term "ghost networks" used in this room when the Government Accountability Office shared their findings about the prevalence of inaccurate provider directories.

Since then, the committee has put a lot of sweat equity into developing legislation to improve mental health care for all Americans, from telehealth, to youth mental health, to workforce, to care integration and parity. Some of our policies were passed into law in the last Congress, including a policy to strengthen provider directory standards in Medicaid, but there is still more to be done. I look forward to working with Ranking Member Crapo and every member of the committee to get more of our hard work across the finish line so more families can get mental health care when they need it.

In my view, eliminating ghost networks is going to require a three-legged approach: more audits, greater transparency, and stronger consequences for insurance companies that don't keep their directories up to date.

Today, Medicare performs regular audits of plans offering coverage to seniors to ensure they meet minimum standards. However, CMS does not regularly audit Medicare Advantage provider directories, and the results speak for themselves. It's time for that to change.

I'm always an advocate for greater transparency that allows consumers and advocates to compare plans. That's why last year the committee put forward a bipartisan proposal to improve the accuracy of provider directories in Medicaid and to require Medicare to publish plan provider directories on a central website. That will help consumers, advocates, and researchers dig into this information and make informed choices about their care.

We got started by passing the Medicaid ghost network provision into black letter law last year. This year I want consensus on how to address ghost networks in Medicare.

I want to conclude by talking about accountability. My view is that insurance companies have gotten a free pass for too long letting ghost networks run rampant. If a student were writing an essay and 80 percent of their citations were incorrect or made up, they'd receive an "F." If a business gave the SEC false or incorrect information, it would face extremely severe consequences. So in my view insurance companies should face strict consequences if their products don't live up to the billing. That's the least that should be done, and I'll keep pushing for the necessary accountability so families across the country aren't getting lost in these ghost networks.

This issue needs to be addressed across the board, not just in Medicare and Medicaid. Many of my colleagues have expressed interest in applying these policies to commercial insurance like employer-sponsored plans. I look forward to working with this committee and the entire Senate to find consensus that will consign ghost networks to the dustbin of history.

There's a lot for us to talk about today. I want to thank our witnesses for joining the committee. I look forward to our discussion.

###