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Appendix

Appendix exhibit A1: Survey questions

Appendix exhibit A2: Selection of Survey Respondents

Appendix exhibit A3: Demographic characteristics of survey screener respondents and non-respondents

Appendix exhibit A1: Screener and Survey Questions

Data were obtained from the 2018 National Survey of Patient Experiences with Out-of-Network Care. Screener and survey questions for relevant outcome variables are presented below. For words in green, the participant was able to mouse or hover over the word for a definition, available at the end of this document.

Screener

A series of screener questions was sent to panelists ages 18-64 to identify participants enrolled in a private health insurance plan with a provider network. Because we were particularly interested in experiences with out-of-network mental health care we oversampled participants using mental health providers.

The following questions were used to obtain the sample for the analysis of patient experiences with mental health provider networks. The first three questions restricted the sample to individuals with private health insurance with a provider network that had seen a mental health provider in the past year. We oversampled individuals that had used out-of-network mental health care. This was determined by the fourth question noted.

1) These questions ask about **your own** health care, not a family member's. If you need help understanding one of the words that is in green, you can hover over it for more information.

Private health insurance can be through an employer or union, bought directly by you, or bought from a state or federal health insurance marketplace. It does *not* include private Medicare or Medicaid plans.

Do you currently have private health insurance?

- o Yes
- o No
- 2) An insurer **provider network** is a group of doctors or hospitals that takes your insurance. Usually you pay less (or nothing) for services from providers in the network.

Does your health insurance plan have a provider network?

- Yes
- o No
- 3) A **MENTAL HEALTH provider** is a professional specifically trained to diagnose and treat emotional or mental health problems, including psychiatrists, therapists, psychologists, mental health nurse practitioners, and social workers.

In the last 12 months, have you seen a MENTAL HEALTH provider in an office or clinic or by telemedicine?

- o Yes
- o No
- 4) A provider is considered **out-of-network** if they are not in your insurer's **provider network**. Some of these providers do not accept any private insurance.

Were any of these **MENTAL HEALTH** providers you saw **out-of-network**?

- Yes
- o No

Outcome variables

Mental health directory use

- 1) An insurance provider directory is a list of providers either on the website or paper that take your insurance. In the past 12 months, did you use your insurer's mental health provider directory?
 - Yes
 - o No

Directory inaccuracy

Two aggregate outcomes were created related to directory inaccuracies: whether the participant responded yes to any of the four inaccuracies noted, and whether the participant responded yes to two fundamental directory items – wrong contact information or did not take your insurance.

2) In the past 12 months, did you find that in-network **mental health** providers listed in your insurer's provider directory:

Statements on row:

- o Had wrong contact information?
- o Did not actually take your insurance (were not in-network)?
- O Were listed as taking new patients, but told you they were not taking new patients when you contacted them?
- o Were listed as taking new patients, but told you they were not taking new patients with your problem?

Answers in column:

- o Yes
- o No

Surprise bills

Participants were asked if each mental health provider they saw in the past year was in-network or out-of-network. The survey then allowed for a detailed description of experiences with up to two mental health providers. A participant was considered to have received a "surprise" out-of-network bill if they reported that they first became aware that a mental health provider was out-of-network at the time of the first scheduled appointment or after that visit (e.g., when they received the first bill). Participants who did not report any out-of-network mental health use were categorized as not receiving a surprise bill.

We considered the last two responses as surprise bills. We then created a patient level variable by determining if the patient experienced a surprise bill. Note 32 participants reported more than one out-of-network provider.

- 1) When did you <u>first</u> know that this provider was not in your insurer's <u>provider network?</u> You may have been told by the front desk, the provider, or the insurance company.
 - o Before arriving at the first visit
 - o At the time of the first visit
 - After the visit (for example, when you received the first bill)

Complaints

Participants were asked if they had ever complained to their insurer or a government agency about insurance network issues, and if they responded affirmatively, the type of complaint filed (from a list of 4 complaint types). Participants could note more than one complaint type. We created a new variable with participants coded as reporting the

complaint type that we considered the most likely to be considered by regulators (in this order: complained to a government agency, submitted a grievance or complaint form to their insurer, spoke to an insurance company employee on the phone, other complaint type or refused).

- 1) In the past 12 months, have you complained to your **insurance company or a government agency** (for example, the state insurance commission) about lack of availability of in-network **mental health** providers, payments related to out-of-network mental health care, or other problems related to your insurer's **mental health** provider network?
 - Yes
 - o No
- 2) How did you complain?
 - Submitted grievance or complaint form to your insurer
 - Spoke to insurance company employee on the phone
 - Complaint to government agency
 - o Other

Hover over definitions for words in green:

In-network provider: An in-network provider is in your insurer provider network and takes your insurance. Usually you pay less (or nothing) for services from doctors in the network.

Mental health provider: A professional specifically trained to diagnose and treat emotional or mental health problems, including psychiatrists, therapists, psychologists, mental health nurse practitioners, and social workers.

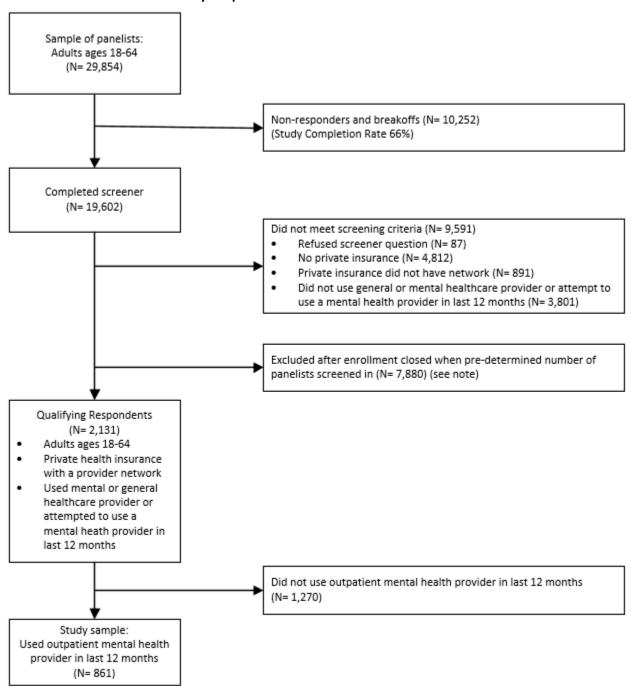
Out-of-network provider: A provider not in your insurer's provider network. Some of these providers do not accept any private insurance. Usually you pay more for out-of-network providers.

Provider directory: An insurance provider directory is a list of providers either on the website or paper that are in-network and take your insurance.

Provider network: A group of doctors or hospitals that takes your insurance. Usually you pay less (or nothing) for services from providers in the network.

Telemedicine: Also called "telehealth". Rather than seeing a patient in person, a health provider uses remote health care technology (computer, skype) to deliver care.

Appendix exhibit A2: Selection of Survey Respondents



Note: Participants who used mental health providers and out-of-network providers were oversampled. Once the predetermined quotas for general medical care and in-network care were filled, participants were no longer asked to complete the full survey.

Appendix exhibit A3: Demographic characteristics of survey screener respondents and non-respondents

	Respondents (unweighted)	Non-respondents (unweighted)	Respondents (weighted)	US Population ^a
N	19,602	10,252	19,602	198,193
Age				
18-34	19 %	32 %	34.2 %	37.5 %
35-49	29 %	31 %	30.8 %	30.9 %
50-64	52 %	37 %	35.1 %	31.6 %
Sex				
Female	64 %	65 %	50.8 %	51.0 %
Male	36 %	35 %	49.2 %	49.0 %
Race/Ethnicity				
White, Non-Hispanic	74 %	60 %	62.0 %	60.1 %
Non-White, Non-Hispanic	15 %	20 %	20.2 %	21.6 %
Hispanic	11 %	20 %	17.8 %	18.3 %
Education				
Less than Bachelor's degree	52 %	60 %	65.3 %	67.0 %
Bachelor's degree or higher	48 %	40 %	34.7%	33.0 %
Household Income				
<\$75,000	57 %	66 %	52.8 %	51.4 %
>=\$75,000	43 %	34 %	47.2 %	48.4 %

Note: Non-responders included participants that opened the survey screener but did not complete it (i.e. break-offs). Weights provided by KnowledgePanel match the sample to the US population based on Current Population Survey (CPS). ^a CPS data from the CPS ASEC (Annual Social and Economic Supplement) 2018 from CPS table creator at https://www.census.gov/cps/data/cpstablecreator.html