Assessing Access to Mental Health Care in Virginia Using a Secret Shopper Survey

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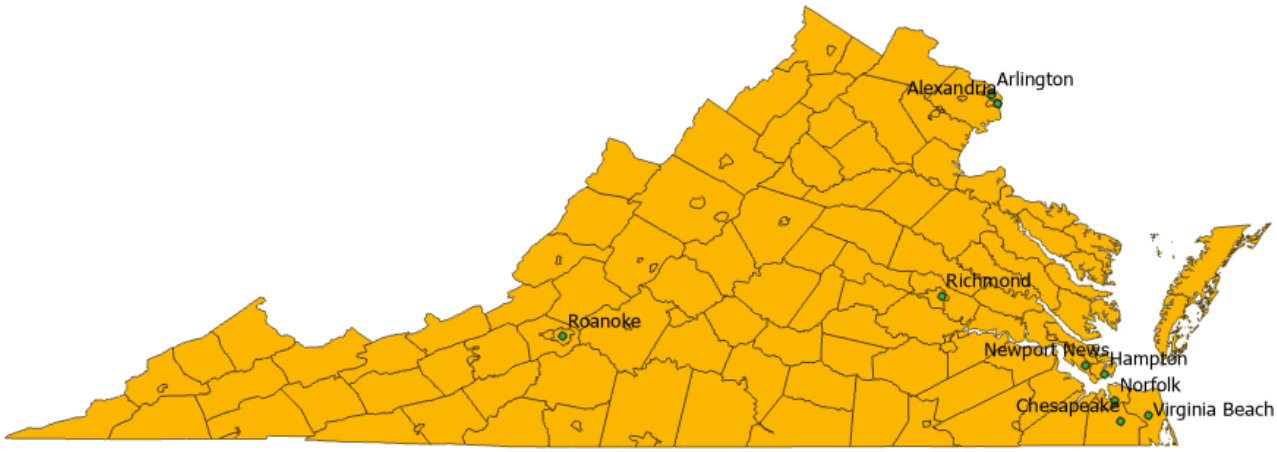
Simon F. Haeder, PhD, MPA
Associate Professor of Public Health
Division of Health Services Management & Policy
Haeder.1@osu.edu

Wendy Y. Xu, PhD
Associate Professor of Public Health
Division of Health Services Management & Policy
xu.1636@osu.edu

College of Public Health
The Ohio State University
1841 Neil Ave.
Columbus, OH 43210



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Executive Summary

The vast majority of Americans receive their insurance coverage through managed care plans. Managed care arrangements like preferred provider organizations (PPOs) and health maintenance organizations (HMOs) offer consumers lower costs in return for accepting certain restrictions to their care including limitations on provider choice. Yet, many managed care patients struggle to access necessary care because of provider networks that may be inadequate as well as provider directories that may often be inaccurate.[1-9]

To better understand the experiences of mental health consumers in Virginia, we fielded a secret shopper survey for 1,100 simulated patients focused on CareFirst BlueCross BlueShield and Anthem Blue Cross Blue Shield, the state's largest carriers in their respective service areas,[10] from October 28, 2025, to December 26, 2025. Based on our survey, consumers experienced substantial challenges when navigating access to mental health care. For one, a large number of calls only reached answering machines or computerized systems. As a result, we were only able to verify provider information for 591 providers out of the 1,100 calls made. For these verified providers, about 1 in 5 calls led to an appointment with the original provider sought by the caller. Appointments with alternative providers slightly raised the success rate to 3 in 10. In addition to failing to reach an in-person representative to verify provider information and schedule appointments, contributors to the challenges in accessing care for callers were provider directory errors as well as provider capacity limitations. Overall, almost 60% of calls experienced inaccurate provider directory entries including errors related to contact information, provider specialty, or provider network status. In addition, 14% of calls experienced provider capacity issues such as providers unwilling or unable to accept new patients into their practice or not offering new appointments at the time of the call.

Lastly, while callers often struggled to obtain appointments, the selection of CareFirst BlueCross BlueShield and Anthem Blue Cross Blue Shield in general, and one of their standard PPO plans in particular, likely make our findings a conservative assessment of the access challenges mental health consumers experience in Virginia when enrolled with other carriers, plans, and networks.

Introduction

The vast majority of Americans receive their insurance coverage through managed care plans.[11] Managed care arrangements like preferred provider organizations (PPOs) and health maintenance organizations (HMOs) offer consumers lower costs for accepting certain restrictions to their care including limitations on provider choice. As such, consumers are highly incentivized to seek care solely from within their provider network.[11, 12] Because of the

restrictions imposed by managed care arrangements, consumers and regulators have an interest in carriers establishing and maintaining provider networks that are adequate to serve consumer needs including, but not limited to, the number and types of providers, their geographic distribution, and potentially other characteristics so that beneficiaries can access appropriate medical care.[3] The most obvious way for consumers to learn about their provider network is via provider directories.[1] Insurance carriers publish these consumer-facing provider directories both online and in print. Provider directories typically contain important information such as provider contact information and provider specialty.[13] This information is then used by consumers to make choices about their health plan at the time of plan enrollment as well as to identify suitable providers when seeking care.

A growing literature has identified several problems with both network adequacy and provider directories.[1-9] These problems included diverse regulatory standards which often lack empirical grounding[14] as well as a general lack of enforcement.[15, 16] Concerns about inadequate provider networks are not new and received substantial attention during the initial managed care revolution.[17] However, given the growth of managed care products as well as the narrowing of provider networks over time, concerns remain prominent today, particularly after the implementation of the Affordable Care Act.[6, 18-27] As a result, regulators have employed various measures seeking to ensure adequate access to care.[1, 14, 16, 28-32] However, empirical analyses of these measures have found consistent challenges for consumers.[33-37]

With regard to provider directories, analyses have identified substantial errors ranging from incorrect contact information to inaccurate in-network designations.[1-6] These errors are ubiquitous and have been found across specialties and markets.[23, 24, 33, 36, 38-45] Errors in provider directories are more than mere nuisances and may contribute to delayed or forgone care[37], exacerbate health inequities,[20, 37, 42] and compromise the effectiveness of existing network adequacy regulations.[1, 3, 15, 46] Existing evidence suggests that access challenges are particularly prevalent for mental health patients.[9, 35, 47]

In recent years, state and federal regulators have increasingly become aware of inaccuracies in provider directories as well as their detrimental effects on consumers.[37] In response, some regulators have imposed requirements upon carriers to increase directory accuracy, although these vary widely in their scope and content.[16, 48-50] Despite the growing attention, high rates of inaccuracies persist nationwide, even in states with the most stringent regulatory standards.[34-36, 41] At the federal level, the *No Surprises Act of 2021*, which went into effect in 2022, requires carriers to update and verify provider directories every 90 days at minimum, and to develop a protocol for removing providers that cannot be verified.[16, 51] While adequate enforcement has been identified as a substantial challenge, the effect of

state and federal regulations on improving provider directory inaccuracies remains underexplored.[15, 16]

Data and Data Collection

To better understand the experiences of mental health consumers in Virginia, a secret shopper survey was fielded from October 28, 2025, to December 26, 2025. Based on data from KFF,[10] we sought to identify the state's insurer with the largest market share as the subject of the survey. Because insurer served different areas of the state, we collected data for CareFirst BlueCross BlueShield and Anthem Blue Cross Blue Shield. Data were collected for two distinct specialties, general psychiatrists and general psychologists.

Data for the analyses were collected using a secret shopper survey developed to closely align with consumer experiences navigating provider networks that has been used extensively before.[7-9, 52, 53] In each case, callers were assigned a variety of information about a simulated patient including, for example, a real home address, names for a simulated patient, and a standard PPO plan from CareFirst BlueCross BlueShield or Anthem Blue Cross Blue Shield. Callers were also assigned to one of five common, non-emergency medical conditions for each specialty for the simulated patient.

After assignment, callers searched for the medical provider of the assigned specialty closest to their home address in CareFirst BlueCross BlueShield's or Anthem Blue Cross Blue Shield's online provider directory. Callers then contacted the geographically closest provider at the number listed in the online provider directory and asked for the next available appointment. For practical reasons, callers acted on behalf of the simulated patient. During the call, callers sought to verify provider directory information including the accuracy of the providers' contact information, network status, and specialty. Because the callers presented on behalf of a simulated patient, phone calls were terminated once any inaccuracy was identified, as would be common for real consumers. As a result, the analyses below provide a conservative assessment of potential access challenges and inaccuracies.

Overall, data were collected for 1,100 simulated patients. Of these, 550 patients sought care from psychiatrists, and 550 patients sought care from psychologists. However, callers were not always able to connect with a representative to verify the data presented in the online provider directories. The primary reasons that limited verification were callers connecting only to an answering machine that did not make it clear whether the caller had reached the medical provider they sought care from or the inability to move beyond a computerized system to connect with an in-person representative. Moreover, for 142 calls, staffers at the medical office refused to provide any information to callers or only provided limited information. All data were collected in a secure, online data management system.

As noted above, we were able to assess data for a total of 591 simulated patients including 316 looking for psychiatrists and for 275 psychologists. To avoid congesting medical services, no actual appointments were scheduled.

To ensure representativeness of the analyses from a consumer perspective, calls were distributed across the state proportional to population at the county level.

Table 1: Distribution of simulated patients and phone calls, by specialty

	Simulated Patients	Simulated Patients with Verified Data
Psychiatry	550	316
Psychology	550	275
Overall	1,100	591

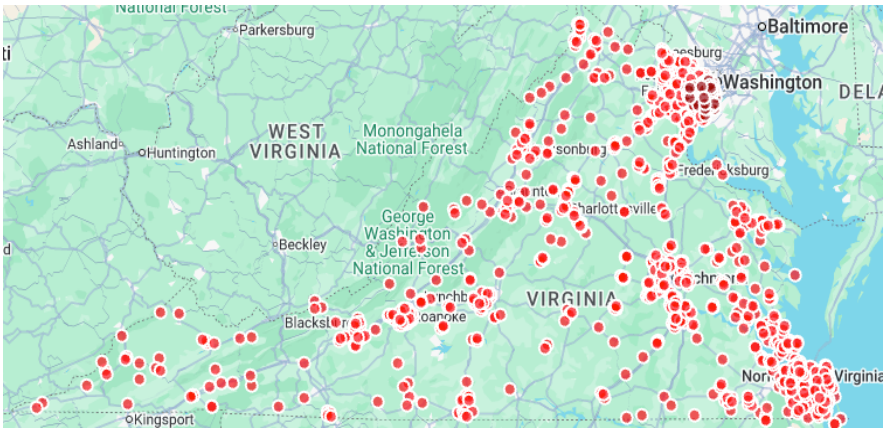

Figure 1: Home addresses for simulated patients[54]

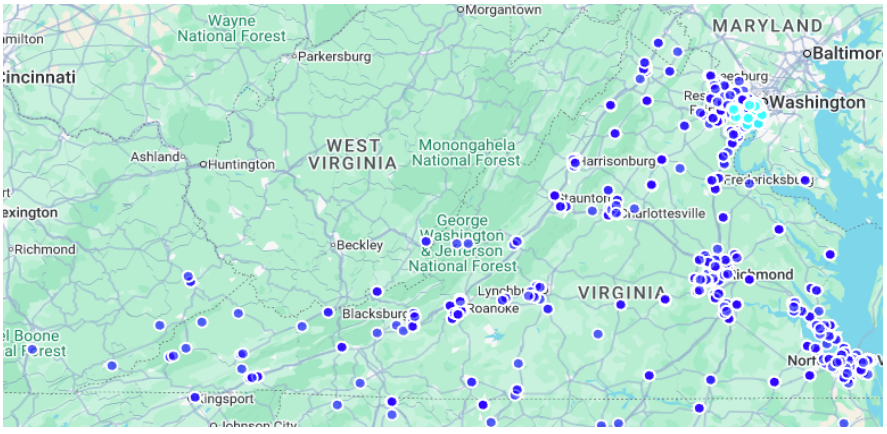

Figure 2: Addresses listed in online provider directories for mental health providers[55]

Results

Successful Appointments

Appointments by Simulated Patients

In Virginia, callers were successful in scheduling appointments with the original medical provider identified in the online provider directory for 131 patients (out of the 591 with verified data; 22% of calls with verified data). The success rates were 27% for psychiatrists (N=86/316) and 16% for psychologists (N=45/275). However, in some cases, if unsuccessful in reaching the original provider identified in the online directory, callers were able to schedule appointments with alternate providers at the number called. This increased the success rate to 30% (N=176/591) including 34% for psychiatrists (N=106/316) and 25% for psychologists (N=70/275).

Table 2: Appointment success rates, by specialty

Specialty	Appointment with Original Provider	Appointment with Alternate Provider
Psychiatry	27%	34%
Psychology	16%	25%
Overall	22%	30%

Time to Appointments[56]

For callers successful in scheduling appointments, the median wait time for appointments with the original provider was 11.0 days (mean 23.4 days). It was 14.0 days for psychiatrists (mean: 25.9 days) and 9 days for psychologists (mean: 18.5 days). However, some callers experienced wait times substantially beyond the median. For example, for 25% of appointments with psychiatrist the wait time exceeded 28.0 days and for 10% of appointments it exceeded 60.0 days. The respective excessive wait times for psychologists were 17.0 days for 25% of appointments and 32.0 days for 10% of appointments.

When alternate providers were included, median wait time amounted to 14.0 days for psychiatrists (mean: 26.2 days) and 8.0 days for psychologists (mean: 16.8 days). However, for 25% of the psychiatry appointments wait times exceeded 30.0 days and for 10% of appointments wait times exceeded 61.0 days. For psychology appointments, these respective wait times were 17.0 days and 32.0 days, respectively.

Table 3: Median time to appointment, by specialty

Specialty	Time to Appointment Original Provider	Time to Appointment Any Provider
Psychiatry	22.0 days (mean: 31.6)	20.0 days (mean: 27.1)
Psychology	7.5 days (mean: 13.3)	7.0 days (mean: 13.7)
Overall	15.0 days (mean: 22.8)	13.5 days (mean: 21.0)

Travel Time to Appointment[57]

For appointments scheduled with the original provider callers sought to contact, the median travel time amounted to 9.0 minutes (mean: 12.1 minutes) or 3.6 miles (mean: 6.7 miles). For psychiatry appointments, median travel time was 8.4 minutes (mean: 10.9 minutes) or 3.5 miles (mean: 5.8 miles). A subset of callers experienced travel times in excess of the median. This included 25% of callers who had to travel more than 13.2 minutes (6.9 miles) and 10% of callers who had to travel more than 22.2 minutes (14.1 miles).

For psychologists, median travel time was 10.2 minutes (mean: 14.4 minutes) with a median travel distance of 4.1 miles (mean: 8.3 miles). In 25% of cases, callers had to travel 22.2 minutes (13.6 miles) and in 10% of cases they had to travel more than 33.6 minutes (23.6 miles). For alternate providers, travel times and distances were similar.

Table 4: Median travel to appointment, by specialty

Specialty	Original Provider		Any Provider	
	Travel Time	Travel Distance	Travel Time	Travel Distance
Psychiatry	8.4 minutes (mean: 10.9)	3.5 miles (mean: 5.8)	8.4 minutes (mean: 11.0)	3.6 miles (mean: 5.9)
Psychology	10.2 minutes (mean: 14.4)	4.1 miles (mean: 8.3)	10.2 minutes (mean: 13.4)	4.0 miles (mean: 7.3)
Overall	9.0 minutes (mean: 12.1)	3.6 miles (mean: 6.7)	9.0 minutes (mean: 11.9)	3.8 miles (mean: 6.5)

Challenges Encountered by Patients

Simulated patients experienced a number of problems when seeking to secure appointments. As noted above, in many cases, callers only reached an answering machine or experienced medical office staff unwilling to provide any information, making further assessment of these providers impossible in terms of the accuracy of provider directory information or ability to secure an appointment.

Provider Directory Inaccuracies

Beyond these limitations, the most common problems experienced by callers were inaccuracies present in provider directories. Overall, callers experienced at least one problem in 57% of calls (N=335/591) including for 61% of calls to psychiatrists (N=192/316) and for 52% of calls to psychologists (N=143/275). The most common problem encountered by callers were related to inaccurate contact information (N=164/591, 28%). This was the cases for 28% of calls to psychiatrists (N=90/316) and for 27% of calls to psychologists (N=74/275). Moreover, provider specialties were listed incorrectly in 18% of cases (N=105/591) including for 20% of calls to psychiatrists (N=63/316) and for 15% of calls to psychologists (N=42/275). Network status was inaccurately listed in only 3% of cases overall (N=15/591) including for 3% of calls to psychiatrists (N=9/316) and for 2% of calls to psychologists (N=6/275). Various other problems encountered by callers accounted for 9% of errors (N=51/591). For psychiatrists, this type of error occurred in 9% of cases (N=30/316) and in 8% of cases for psychologists (N=21/275). Lastly, it is worth noting that problems with provider contact information suppressed the other problems we identified because callers

identify these types of problems chronologically first as calls may have been either unable to connect or were terminated by callers.

Table 5: Appointment success, by specialty

Specialty	Overall Errors	Inaccurate Contact Information	Inaccurate Specialty	Inaccurate Network Status	Other Problems
Psychiatry	61%	28%	20%	3%	9%
Psychology	52%	27%	15%	2%	8%
Overall	57%	28%	18%	3%	9%

Capacity Problems

Lastly, callers encountered severe provider capacity limitations where providers did not accept new patients into their practices as well as cases where providers did not schedule any new appointments in 14% of all calls (N=81/591). For psychiatrists, capacity issues affected 12% of patients (N=38/316); for psychologists they affected 16% of patients (N=43/275).

Table 6: Appointment success, by specialty

Specialty	Capacity Issues
Psychiatry	12%
Psychology	16%
Overall	14%

Discussion

Overall, the findings from the data analyzed here indicate that both inaccurate provider directories as well as inadequate provider networks are important contributors to the access challenges mental health consumers experience in Virginia. The access challenges identified via the secret shopper survey may make it difficult for many consumers to navigate the health care system, resulting in delayed or forgone access to care, seeking inappropriate levels of care, and increased likelihood of out-of-pocket costs.[48] In addition, if consumers enroll into plans based on faulty information, inaccuracies may also prevent consumers from selecting plans that fit their needs and accessing their preferred providers, with potential implications for continuity of care, as well. Ultimately, the findings may indicate that current approaches to network adequacy regulation and enforcement as well as maintenance of accurate provider directories may not fully protect consumers from experiencing delays and barriers to care. It is also worth noting that the selection of CareFirst BlueCross BlueShield and Anthem Blue Cross Blue Shield in general, and one of their standard PPO plans in particular, likely serves as a conservative assessment of the access challenges mental health consumer experiences in New Jersey. Put differently, consumers of other, more restrictive plans with narrower networks may face substantially larger restrictions when seeking mental health care.

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54. Simulated patients assigned to Anthem Blue Cross and Blue Shield Virginia are marked in light red. Simulated patients assigned to CareFirst BlueCross BlueShield are marked in dark red.
55. Providers contacted by simulated patients assigned to Anthem Blue Cross and Blue Shield Virginia are marked in dark blue. Providers contacted by simulated patients assigned to CareFirst BlueCross BlueShield are marked in light blue.
56. In a small number of cases, callers were able to verify that an appointment was available. However, staffers would not provide an exact date for the appointment. Hence, we were not able to assess wait times for all potential appointments.
57. In a small number of cases, we were unable to assess travel distance because no address was listed in the provider directory or because of data entry errors. Hence, we were not able to assess travel time and distance for all potential appointments.