Requiring Enhanced & Accurate Lists of (REAL) Health Providers Act
U.S. Senators Michael Bennet (D-Colo.), Thom Tillis (R-NC.), and Ron Wyden (D-Ore.)

In the United States, nearly 1 in 5 adults live with a mental illness like depression, anxiety, schizophrenia, or bipolar disorder.¹ About 1 in 4 seniors covered by Medicare live with mental illness and less than half receive treatment.²

Many seniors enrolled in Medicare Advantage rely on their health plan’s provider directory to find in-network physicians and practitioners, but inaccurate data can make it harder to find a provider or lead to unexpected costs. In 2018, the Centers for Medicare and Medicaid (CMS) reviewed 52 Medicare Advantage plan directories and found that over a third of providers were incorrectly included, either because the provider did not work at the listed location or because the provider was not in the plan’s network.³

These inaccurate provider directories are known as “ghost networks” because some listed health care providers are not in a patient’s network, are not accepting new patients, or in some cases, are no longer in business. Ghost networks make it more difficult for patients to find in-network health care providers, a more acute issue in the mental and behavioral health fields, resulting in unexpected costs or delayed care for patients.

The REAL Health Providers Act would help prevent ghost networks and protect seniors from unexpected health care costs. Specifically, the bill would:

- Strengthen requirements for Medicare Advantage plans to maintain accurate and updated provider directories;
- Ensure patients do not pay out-of-network costs for appointments with providers that were incorrectly listed in their plan’s provider directory as in-network; and
- Direct CMS to publish guidance for plans to maintain accurate provider directories.

¹ KFF. One in Four Older Adults Report Anxiety or Depression Amid the COVID-19 Pandemic. Published October 9, 2020