



**A Survey of Ohio Mental Health Professionals  
Conducted for the Ohio Psychological  
Association**

**By:**

**CJI Research Corporation  
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# Ohio Psychological Association A Survey of Ohio Mental Health Providers

## **A few comments offered by survey respondents.** (Full listing in Appendix B.)

A psychologist

*I have left private practice and am glad to have done so. I found that insurance companies were playing games, finding ways to not reimburse for services - like saying they don't have me listed as a provider or don't have the current site listed when they had already reimbursed me at that site. They also send forms back repeatedly with requests for changes that are different every time in an effort to push the date of final submission beyond their date of reimbursement. The insurance reimbursement system for psychological services is a total farce. I can't understand why Americans are paying for a middleman who limits their access to services and uses their premiums to limit their care. Services that are approved should be paid for. There is no oversight, no protection for providers...only for the insurance companies. The system needs to be simplified...no one has the time to understand the plethora of rules and regulations put forth (and changed regularly) by each company. It is simply ridiculous.*

A psychologist

*In general, it is becoming increasingly difficult to practice in the current managed care environment, due to monetary and clinical/practical factors. I recently calculated that the average hourly fee I receive is only slightly higher than the fee I charged (and received) when I began practice in 1985, while the time required for documentation and paperwork has astronomically increased. Considering that costs to run a practice (and to live) have dramatically increased since 1985, I feel that I am working twice the hours for half the income.*

An LISW

*1. There is truly no parity in mental health care and many people do not get treatment b/c of limited mental health benefits. 2. Insurance companies can dictate the prices they will pay to privately owned businesses for services. Is there any other industry that is allowed to tell the provider what they will pay for their service? I would rather see patients on a sliding fee scale on my terms than have an outside entity tell me what my services, time and expertise are worth. 3. The increasing and incredulous salaries and bonuses of Anthem execs should be addressed at the expense of cutting reimbursement rates to providers and benefits for consumers. Wellpoint and their executives continue to profit, while small businesses/private practitioners and the patients suffer. I resigned from Anthem over a year ago and it was the best decision I have made since I started private practice. Thank you for doing this survey.*

A psychiatrist

*Drug formulary issues with MOST insurance companies has become the most time-consuming and frustrating part of psychiatric practice in the past year. About 1/3-1/2 of ALL new prescriptions written, result in a callback to me. Often preauthorization's are required, extensive treatment histories need to be sent in-explaining dates and doses of all previously tried "alternatives" that may be cheaper. It's like doing the same appointment ALL OVER AGAIN the next day, without getting paid a dime.*

An LPCC:

*I realize that the health care system is in "crisis", however, what I do not understand is how at least for the past 7 1/2 years that I have been in private practice that NOT ONE insurance company has increased their reimbursement rate. In fact I have had one company have the nerve to reduce reimbursement! All of their employees (down to the cleaning people) are receiving raises aren't they? We don't even get a raise to help with basic cost of running a practice. It is also frustrating and difficult to manage a private practice in that one has two choices, either do all the paperwork and*

billing yourself or hire out. Either way it is not cost effective to stay in business. The only way to cover the rising costs in rent and supplies is to see more patients... Do they really think that is "good" treatment? I know in the media there is a portrayal of private clinicians as rich with luxurious office space and needing only to see a limited number of patients, but the reality is far different. I work very hard to provide quality services which require (by state law) an advanced degree with on-going continuing education. It's frustrating that I myself, a provider for an insurance company cannot afford insurance myself let alone afford to put money away for retirement. Unfortunately, I have invested thousands of dollars in a career which offers FEW realistic alternatives. I realize the insurance companies are duty bound to make a profit, however they owe us a lot more consideration, respect and financial compensation than we have been given.

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## Introduction

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## Objectives

The primary objective of this survey was to examine the experiences and attitudes of Ohio's mental health providers vis-à-vis insurers who cover their patients. The intent was to focus primarily on Anthem Blue Cross/Blue Shield, but also to examine these experiences and attitudes more generally as well.

Although sponsored and initiated by the Ohio Psychological Association (OPA), which includes only psychologists, the intent was to include not just psychologists and not just OPA members, but all four major types of mental health providers:

- Masters level providers, including
  - licensed independent social workers (LISWs),
  - licensed professional clinical counselors (LPCCs),
- Psychologists,
- psychiatrists.

## Timing

The survey itself was conducted online between May and July, 2008.

## Survey sample

The sample frame consisted of master license lists of all mental health providers in Ohio, provided to OPA by the several appropriate agencies of the State of Ohio. Further, these lists were supplemented with additional information from the OPA and from Anthem, which provided a list (in Excel format) of its providers in Ohio. Thus, there were several lists, all in electronic format that fit into the following schema:

	Anthem Providers		OPA members (who include only psychologists)	
	Yes	No	Yes	No
LPCCs				
LISW s				
Psychologists				
Psychiatrists				

In order to draw a random sample of Ohio mental health provider from these six lists, and to add appropriate information, it was necessary to do several things.

- All out-of-state addresses were removed from the license lists.
- The lists were manipulated such that they would be in the same format. This was needed both for sampling and for mailing invitations to participate in the survey. Merging also provided additional contact information for many providers, information available from OPA and/or Anthem that was not included on the license lists.
- All of the license lists contained essential contact information, but the extent of the information varied. The Anthem and OPA lists contained many email addresses and

- telephone numbers and office address, for example, while the LPCC and LISW lists contained only a single address, usually the home. Only the psychologists' license list contained both telephone numbers and some email addresses, making them easier than others to contact.
- The Anthem list had to be un-duplicated because it contained 3,989 listings for 2,863 separate practitioners. The reason for the larger number of listings is that many practitioners use more than one office, and the Anthem list is address-based rather than practitioner-based.

The final un-duplicated and merged sample list contained 15,274 listings and as much contact information as could be derived from the original license list or from the matching process. When the list was completed, it was verified for accuracy by OPA staff.

The sample is a stratified sample with strata based on geographic and professional criteria. Quotas of practitioners were drawn from various parts of Ohio, as shown in Figure 1 on page 10. The strata consisted of a geographic location (e.g., Cincinnati, MSA), a professional designation (e.g., psychologists) and an Anthem designation (Anthem provider or not). To arrive at the "core sample," two random numbers were assigned to each provider. The provider lists were divided into their various sets and sorted by the random numbers within their sets. Thus, for example, if we had a quota of ten LPCCs in the Cincinnati MSA, the first ten providers were chosen after the random-number shuffling occurred. This went on until the initial target sample for 200 providers had been identified.

In this way, the sample was selected by a process that was entirely independent of their affiliation (or lack of it) with OPA, and not in any way related to their satisfaction with Anthem as an insurance provider. Moreover, it guaranteed representation of all four professional license categories, and all geographic areas of Ohio. If instead, a simple random sample had been used, it would have been heavily weighted to social workers and to core counties of the metropolitan areas.

As with any survey, substitution was necessary to replace non-responses within a category. Thus, the initial target sample was supplemented by an additional sample of 1,800 more respondents, for a total of 2,000 targeted respondents to complete the sample of 200. When an initial target respondent did not respond, a substitute was sought who matched in terms of all aspects of the quota, and to internal characteristics also such as the location within an MSA or other geography.

## Profile of Sample

The sample was drawn using quotas for all sections of Ohio, divided into areas defined by the population sizes of the areas.

**Figure 1 Sample quotas**

Sample sets (codes 1 - 30)		200	size
	Cincinnati MSA	30%	60
	Cleveland MSA	20%	40
	Columbus MSA	20%	40
	Smaller cities (Toledo, Akron, Canton, Dayton, Massilon, Youngstown)	15%	30
	Rural & very small cities	15%	30

	n	1 = Not Anthem	2 = Anthem
1 Cincinnati MSA	60		
	Psychologists	1	2
	Psychiatrists	3	4
	Social workers	5	6
2 Cleveland MSA	40		
	Psychologists	7	8
	Psychiatrists	9	10
	Social workers	11	12
3 Columbus MSA	40		
	Psychologists	13	14
	Psychiatrists	15	16
	Social workers	17	18
4	30		
	Smaller cities (Toledo, Akron, Canton, Dayton, Massilon, Youngstown)		
	Psychologists	19	20
	Psychiatrists	21	22
	Social workers	23	24
5 Rural & very small cities	30		
	Psychologists	25	26
	Psychiatrists	27	28
	Social workers	29	30

The actual numbers in the final sample were close to the projected totals. The final response included 1,031 questionnaires sufficiently complete to be useful, of which 208 were from the original random samples of 200 or 2,000. A total of 36 of the initial “core sample” 200 responded, a rate of 18%. A total of 358 of the balance of the targeted 2,000 (i.e., 1,800) responded, for a rate of 20%. The balance of the 200 was drawn from the 358 responses, matched in terms of their characteristics as shown in the table above.

	Number of respondents
Final sample:	73
LISW or LPCC	67
Psychologists	68
Psychiatrists	208
Total	

The final sample includes slightly more than 200 because some categories were overfilled and there was no reason to remove those cases after filling other quotas.

While this sampling technique is not perfect, it is a way to avoid bias that would be induced by simply accepting all who responded. Moreover, it guarantees a wide distribution

among the several mental health professions and among various populations within Ohio. It is equal or superior to telephone interview methods in terms of overall response among professionals.

## Sample error

The initial sample was as purely random as one can make it among all providers of mental health services in Ohio. The final sample is as random as any telephone survey of professionals would be. Both methods are affected by the tendency of some people to respond and others not. Great care was taken, however, to sample strata of providers defined both by geography and profession, and by coverage or non-coverage by Anthem Blue Cross Blue Shield. We can be quite confident, therefore, that the sample is as representative of the profession as can be reasonably obtained.

In a population of 15,274 providers, a sample of 208 produces a sample error of plus or minus 6.7% when 50% of the respondents respond in a particular manner, and 50% respond in an alternative manner. If the distribution is more extreme, the sample error becomes lower. For example, 85% of the sample response in one way, and 15% in an alternative way, the sample error declines to plus or minus 4.8%.

**Figure 2 Invitation letter**



This is a study of how mental health providers in Ohio perceive coverage by major health insurers.

All providers are being included, including Psychologists, Psychiatrists, LISW's and LPCC's. For complete confidentiality, the data are being collected by a third party, CJI Research Corporation, under the auspices of the Ohio Psychological Association (OPA). The data will be used to help OPA understand the needs of all mental health providers vis-à-vis insurers in Ohio.

You are part of a small, scientifically representative sample. Your individual response will be very influential and is very important.

Neither OPA nor any other entity except CJI Research will know who responded or how they responded. A PIN number is used simply to know that only persons in the sample are responding and to provide you with a mechanism to re-enter the survey if you must pause before completing it. After data have been collected, all identifying information will be removed and destroyed. Only aggregated data will be reported to the OPA.

Thank you in advance for your time and participation.

Please enter your PIN to begin the survey.  
PIN \_\_\_\_\_

## The online survey

The survey itself was conducted online. Respondents were assured of confidentiality, as indicated by the opening page of the online survey shown here. A PIN number was used to control access to the survey, thus preventing anyone from biasing the result by submitting multiple responses, and likewise giving us the opportunity to verify respondent identity.

Of course, for the sake of confidentiality, no identifying information is included in this report, nor will it be shared with anyone.

## Survey invitations

The original contacts to the core sample of 200, and the replacement supplement of 1,800 (total of 2,000

in original sample) were made by email (if available) and by US Postal Service mail. Reminders were sent. In some cases, a low response was handled by making follow-up telephone calls to non-respondents. The introduction to the survey in the letter (shown at left) and in the email and telephone calls simply referred in a very neutral way to the survey as a study to "...help OPA understand the needs of all mental health providers vis-à-vis insurers in Ohio."

## Weighting

In order to complete the sample and the mailing, a complete list of mental health providers licensed in Ohio was constructed, and then classified according to the general sample distribution table shown.

Weighting factors were drawn from the quotas of respondents in each of the 30 sample sets shown in Figure 1. This assures correct proportionality among the professions and geographic areas.

**Table 1 Numbers of practitioners (as listed by Ohio license authorities and Anthem)**

(Sources: Official Ohio professional license lists and Anthem provider file provided by Anthem)

Type of provider	Anthem #	Non-Anthem #	Total #
LISW	852	6064	6916
LPCC	658	3033	3691
Psychologists	908	2252	3160
Psychiatrists	445	1062	1507
<i>Total</i>	<i>2863</i>	<i>12411</i>	<i>15274</i>

There are small and ignorable differences between the Anthem listings in the sample master list of all 15,274 providers and the original Anthem list provided by Anthem. Specifically, while the total Anthem provider list contained 2,924 unduplicated listings, the master file from which the sample was drawn contains 2,863 Anthem listings, or 61 fewer providers.

There are at least two reasons for this minor difference. Of the Anthem list, 39 persons were psychiatric nurses. They were not part of the objective of the study and were not included in the license lists provided for the study. Second, there were small time differences among the several lists in terms of when they were prepared by the several authorities. Thus, the license lists might have been prepared at a slightly different date than the Anthem list, and thus any of the lists might contain additions (or deletions) not reflected in another list. Given all of this, that in the end the lists differ by only 22 persons is remarkable.

One paradox in the data is this: As intended, of the 208 responding to the survey, 102 were listed in the Anthem list provided for sampling and weighting, and 106 were not. However, in the self-reports of Anthem coverage, 38 respondents indicated they were currently providers on the Anthem panel, but were not so-listed in the directory supplied by Anthem. Twenty-six others were not listed on the Anthem Ohio website as providers, but another 12 were listed. Thus, either they had been providers and were unaware they had been dropped, or they are not aware what insurance covers them, or there are somewhat different Anthem providers within the many alternative insurance coverages Anthem offers. Or, the Anthem list was incomplete. Or, there was a time difference between the lists.

We will deal with this discrepancy further in a later section, for this is an important issue.

For this report, we have used the self-reported affiliation rather than the Anthem report as the indicator of Anthem panel membership<sup>1</sup>, but we have accepted Anthem's definition of the approximate number of all mental health providers who are covered by Anthem as 2,863. It might be that the number of Anthem providers is somewhat larger than this, since some of those in the sample (as we discuss further below) who said they were on the Anthem panel but were not on the Anthem list, were in fact listed in the online Anthem directory. But it is likely that there have been some offsetting changes in the other direction as well. Consequently, the conservative approach was to simply accept the basic Anthem number as reasonable.

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<sup>1</sup> A set of percentage tables can be provided, if desired, that is based on the Anthem listing instead of the self-report.

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## Part I: Profile of the Providers

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## ***The Anthem panel list and how it relates to all providers***

Please note that all data in this first section of the report are from the license lists, OPA list, and Anthem list themselves and not from the sample survey.

Although we shall use the self-reported Anthem affiliation throughout the report when dealing with the survey data itself, it will be useful to begin with coverage parameters based on the list Anthem provided which served as one of the three important elements of the sample design.

Within the Anthem panel directory, 30% identified themselves as LISWs, 23% as LPCCs, 32% as psychologists, and 16% as psychiatrists. If we group LISWs and LPCCs as social workers, they comprise 62% of all Anthem providers (see Table 2, below).

**Table 2 Percentages of Anthem and non-Anthem providers of each professional type**

(Sources: Official Ohio professional license lists and Anthem provider file provided by Anthem)

Type of provider	Anthem	Non-Anthem	Total
LISW	30%	49%	45%
LPCC	23%	24%	24%
Psychologists	32%	18%	21%
Psychiatrists	16%	9%	10%
<i>Totals</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

To find the share of providers of each professional type whom Anthem defined as being on their panel at the time of the study, we reverse the numerator and denominator in the previous table. Thus we find that 12% of the LISWs and 18% of the LPCCs are listed as being on the Anthem panel, but that much higher percentages of psychologists (29%) and psychiatrists are shown as being on the Anthem Panel (see Table 3 below).

**Table 3 Percentages of each type of professional practitioner listed by Anthem as covered or not covered**

(Sources: Official Ohio professional license lists and Anthem provider file provided by Anthem)

Type of provider		Anthem	Non-Anthem	Total
LISW	%	12%	88%	100%
LPCC	%	18%	82%	100%
Psychologists	%	29%	71%	100%
Psychiatrists	%	30%	70%	100%
<i>Total</i>	<i>%</i>	<i>19%</i>	<i>81%</i>	<i>100%</i>

## OPA members

There were 15,274 mental health providers licensed to practice in Ohio at the time of the study. Of these, 378 were psychologists who were both OPA members and Anthem providers (see Table 4 below). Psychologists who were both OPA members and listed as Anthem providers at the time of the survey numbered 378, while another 836 OPA members were not listed as Anthem providers. As we can see in Table 5, OPA members listed as being on the Anthem panel represent 31% of the OPA membership at the time (total membership = 1,214).

**Table 4 Types of providers, OPA membership, and Anthem coverage (Simple counts)**

	Psychologists		Psychiatrists	Social workers	Totals
	OPA members	Not OPA members			
Anthem provider	378	531	445	1509	2863
Not an Anthem provider	836	1416	1062	9097	12411
<i>Totals</i>	<i>1214</i>	<i>1947</i>	<i>1507</i>	<i>10606</i>	<i>15274</i>

**Table 5 Anthem share of OPA members and non-members, by professional type (percentages within categories)**

	Psychologists		Not eligible for OPA	
	OPA members	Not OPA members	Psychiatrists	Social workers
	<i>1214</i>	<i>1947</i>	<i>1507</i>	<i>10606</i>
Anthem provider	31%	27%	30%	14%
Not an Anthem provider	69%	73%	70%	86%
<i>Totals</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

To keep these numbers in perspective, it is also useful to consider them as percentages of all mental health providers (i.e., percentages when the denominator is all 15,274 providers). When we examine the total practitioner base of 15,274, and divide it into sets as shown in Table 6, we find that although the 378 OPA members on the Anthem panel comprise 31% of all OPA members; they comprise 2.5% of all mental health practitioners.

**Table 6 Types of providers, OPA membership, and listing on Anthem provider list (Percentages of all providers)**

	Psychologists		Not eligible for OPA membership		Totals
	OPA members	Not OPA members	Psychiatrists	Social workers	
	% of all 15,273 mental health providers				
Anthem provider	2.5%	3.5%	2.9%	9.9%	18.7%
Not an Anthem provider	5.5%	9.3%	7.0%	59.6%	81.3%
<i>Totals</i>	<i>7.9%</i>	<i>12.7%</i>	<i>9.9%</i>	<i>69.4%</i>	<i>100%</i>

## Defining membership on the Anthem panel

Perhaps it is to state the obvious, but for this analysis it is important to define membership on the Anthem panel operationally. The most important reason is that it affects the weighting of this complex sample. In this study, there are two ways to measure presence on a panel. One is to refer to the official Anthem list and the other is to ask the practitioner. For various reasons, the two would not be expected to agree completely. For instance, some practitioners are based in large institutions and would not always be aware of shifting coverage. Moreover, it takes time to alter large lists, and time-lag would account for some differences. However, the difference in this case is surprisingly large.

The original target sample of 200 (and proportionally the replacement sample of 1,800 additional listings) was intentionally divided (using the list provided by Anthem), 50:50 into current Anthem panel providers (100) and non-Anthem providers (100). For lack of a better alternative, whether or not a provider was on the Anthem panel was determined by reference to a list provided by Anthem. However, when the survey data collection was complete, we found that the Anthem list and the survey responses concerning Anthem panel status did not always match (see Table 7 below).

**Table 7 Perceived versus actual listing on Anthem panel**

<i>Which best describes your relationship with each insurer?: Anthem Blue Cross/Blue Shield</i>	On Anthem panel list provided by Anthem or not on that list?		
	Not on the list or online	On the list or online	All respondents
<i>I am a provider today</i>	26	101	127
<i>Was a provider but left this panel since rate change</i>	8	3	11
<i>Was a provider but left this panel before rate change</i>	22	1	23
<i>Was never a provider on this panel</i>	35	6	41
<i>Skipped question</i>	3	3	6
<i>Total</i>	94	114	208

Specifically:

- 38 respondents indicated they were Anthem providers although they did not appear on the list Anthem provided. To verify that they were not on the current Anthem provider list, all 38 were checked against the current online Anthem provider directory (September, 2008). Of the 38 cases, 12 were found to be listed as Anthem providers, and 26 were found not to be listed. Whether they were listed since the list Anthem provided for the study or whether the list they provided was simply inaccurate cannot be determined from the survey data alone.

- Seven (7) respondents who appear on the list Anthem provided said they have either never been on the Anthem panel or that they left a long while ago, a fact that suggests that the list might have a degree of error in overstating as well as understating the number of providers.
- Six (6) respondents skipped the question, probably indicating they did not know their status. Since they would have known whether or not they had formally resigned from the panel, we assume that those not listed by Anthem probably never were providers and that those listed by Anthem are probably current providers. However, since we could not be certain beyond a doubt, they were ignored in the appropriate tables.
- The other respondents (175 respondents or 84% of the final sample of 208) answered in a way that is consistent with the Anthem records provided to us (i.e., they were listed or not listed in ways consistent with the survey responses).
- Sample selection was based on the Anthem list, and sample weighting was also based on the Anthem list, not on the respondents' self-reported panel status. Thus the discrepancy cannot be a result of weighting.

The inconsistencies raise questions about how well providers know their panel status, as well as raising some questions about the validity of the Anthem listings. Some people have believed that Anthem was exaggerating the number of providers on its panel. There is only a small indication in these survey results that this might occur, but there is a more substantial indication that many providers consider themselves Anthem providers who are not listed in the Anthem directory.

A few providers offered comments that might explain some of contradiction between the Anthem list and the self-report. They indicated that they sometimes see Anthem patients although they are not on the panel – i.e., out-of-network. Others indicated that they work in university or other public settings and are not entirely aware of the coverage of those they are seeing. It is quite possible that many of them might not even know what panels they are on. Others said that the provider listings are “...notoriously out of date.” However, without follow-up research we really cannot be sure why as a group, many providers tend to consider themselves Anthem providers when, according to Anthem’s listing, they appear not to be.

We have already discussed the fact that of all 15,274 providers (and of the sample of 208 providers) only 18% were listed by Anthem as current Anthem providers on their original list. However, as noted on the previous page, in the representative sample of 208 providers, we found an additional 12 people who were listed online as being on the Anthem panel but were not present on the list provided by Anthem. It would obviously be useful in such a study to be able to verify the provider’s self-reported panel status for all of the major insurers studied here. Unfortunately, we have no equivalent directory data from the other providers included in the study<sup>2</sup>, so we cannot know whether the discrepancy seen in the Anthem responses among official and self-reported panel affiliations is common to the other insurers as well.

Given that Anthem was thought by some to be exaggerating its panel size and that the

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<sup>2</sup> It would be possible to look up or telephone the 208 providers in the sample for each of the several insurers to verify their status as providers, thus determining whether providers have a common or exceptional error rate in identifying themselves as Anthem as opposed to other providers. This is beyond the budget and scope of the current study.

problem might actually be the reverse on a statewide basis (though a locality could differ), it may be worth further examination of this problem.

If its business is selling the services of mental health providers to employers and their employees by providing connections among them and potential patients, it would be odd that the primary problem would be that the directory would understate the panel's size. On the other hand, a conspiratorial view might argue that the intent was to restrict the ability of those covered to actually find providers and thus to incur the expense of treatment. A third view might argue that the lists are simply not kept up to date due more to inertia than to any unfortunate motive.

The only way to resolve the issue would be to sample providers' offices and call them with only one question rather than a survey: "Does Dr. X accept coverage from Anthem, Aetna, Medical Mutual?" etc. That task is beyond the scope of this study, but could be done at very low cost in-house by OPA.

For this report, we have to assume that in one way or another, the respondents are making reasonable statements about their providing services to people covered by Anthem and other insurers. We have verified that in some cases the Anthem list provided at the outset of the survey was out-of-date for a portion of the sample, so that their assertion of panel membership proved correct. This was determined by referring to the Anthem website. Yet the website listings could also be out-of-date, and those we did not locate on the website might also be on the panel.

To repeat a point made earlier, there are other reasons to expect some discrepancies between the self report and the directories. For example, who sees people out of network might receive payment from Anthem, and thus classify him or herself as an Anthem provider. Finally, it is also likely that many of the providers in large institutions see people whose coverage they are not aware of.

We had hoped to validate more precisely the accuracy of the Anthem listings. However, that appears to be a process that this sample cannot fully address. For these reasons, it is fair to simply assume what was assumed at the outset, that providers have a reasonable idea of the coverages that impact their practices.

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## Summary – Part I

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- There are more than 15,000 mental health providers in Ohio. Most, approximately 10,600 are social workers. Approximately 3,160 are psychologists, and 1,500 psychiatrists.
- The provider list provided by Anthem for this study includes 2,863 names when unduplicated, or approximately 18% of all Ohio providers.
- The Anthem list also includes 908 psychologists, or 29% of psychologists.
- The survey shows that more providers claim membership on the Anthem panel than are listed in the list provided by Anthem. Examination of the Anthem provider website shows that a substantial number of these are listed on the website though they were not on the list. Thus it may be that the Anthem share is somewhat larger than suggested by the list they provided. That additional share could be as high as 5%. However, the small numbers involved in the test do not answer the magnitude question definitively. What they do show is that it is likely that the provider list under reports rather than over reports panel size.
- Assuming approximate accuracy of the Anthem list, 31% of OPA members are Anthem providers. OPA members covered by Anthem account for 2.5% of all of Ohio's mental health providers.
- With 1,214 members (at the time of the study), OPA members accounted for 38% of Ohio's psychologists.

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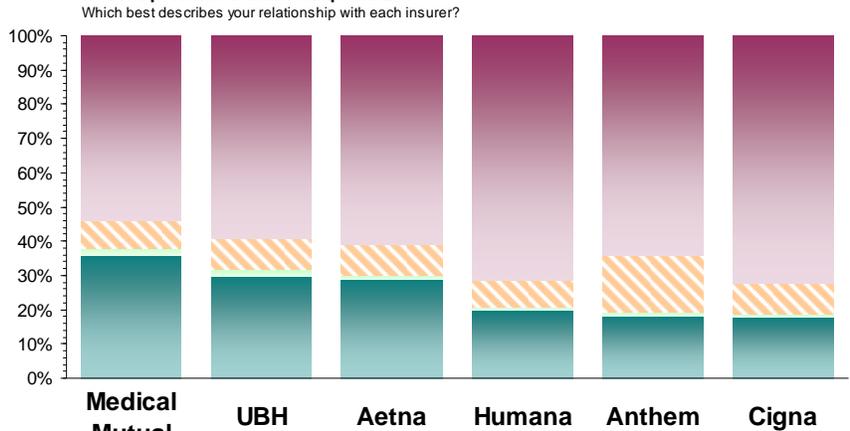
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## Part II: Panels and Attitudes toward Panels

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### Figure 3 What panels are providers on?

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of entire sample of 208



■ Was never a provider on this panel	54%	60%	61%	72%	64%	73%
▨ Was a provider but left this panel prior to [2005/2006]	8%	9%	9%	8%	17%	9%
■ Was a provider but left this panel between [Jan 1, 2005 / Jan 1, 2006] and today	2%	2%	1%	1%	1%	1%
■ I am a provider today	36%	30%	29%	20%	18%	18%

### How to read the charts in this report

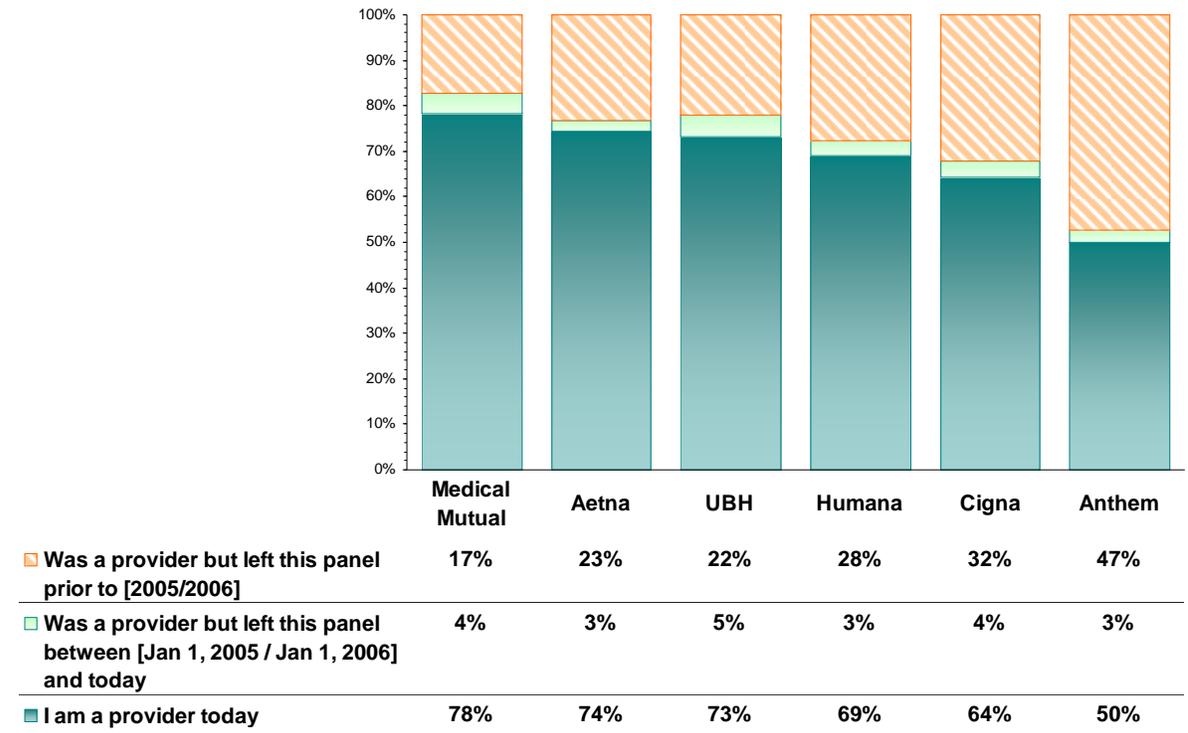
To begin we need to explain how to understand Figure 3 and similar figures. Each column in this chart represents the entire sample of 208 respondents. (In other charts, the base, i.e. denominator, may vary and include fewer than the entire sample. See, for example Figure 4.) Respondents were asked whether they were providers currently, had ever been, and if so, when they had left the panel. The dates used in the survey for leaving the panels were dictated by the dates on which the major recent reductions in Anthem’s reimbursement rates were implemented. The optional 2005/2006 dates represent the different years in which rates for psychiatrists (2005) and other practitioners (2006) were implemented. The automated questionnaire asked psychiatrists the questions using the 2005 date, and all other practitioners using the 2006 date.

### Panels

Figure 3 above is based on survey responses to the question, “Which of the following best describes your relationship with each insurer?” The list of options shown in the chart was presented to them. The responses show Medical Mutual with the largest share (36%) of current providers. Anthem tied with Cigna as the insurer with the smallest percentages (18%) of providers. In addition, Anthem had the largest share of resignations: 17% said they had resigned from the panel. However, they said they had resigned in a period prior to the major Anthem reimbursement rate reduction. Only 1% said they had resigned since then. Finally, 64% said they had never been on the Anthem panel.

## Figure 4 Continuing panel membership v resignations

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of those who have ever been on each panel



### Leaving panels

When we limit the sample to only those providers who have ever been on a panel (Figure 4), we find a slight variation on the result seen previously in Figure 3. Figure 3 displayed the share of all providers each insurer has. Figure 4 displays the degree to which providers who have ever been associated with a provider remain with that provider.

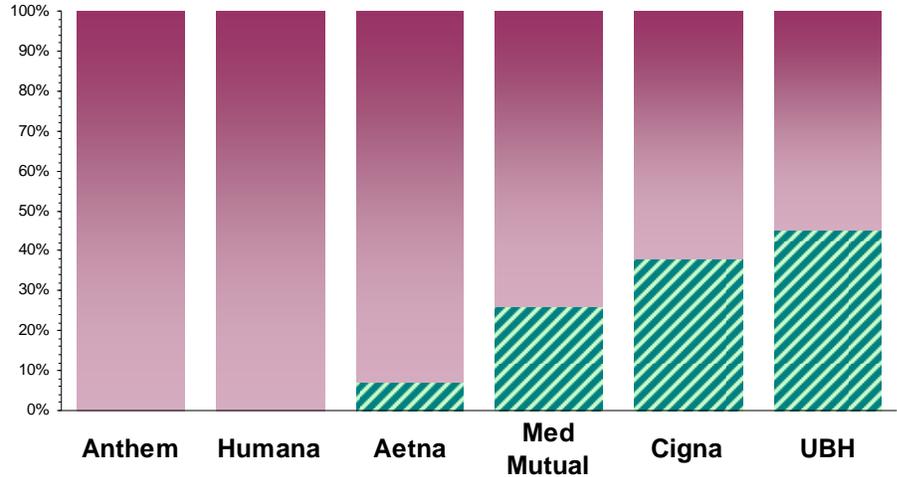
The providers vary greatly in this respect, with only 50% of those ever associated with Anthem, for example, saying they are currently providers for Anthem, but 78% of all those saying they were ever Medical Mutual providers saying they are still providers. Conversely, of the mental health providers surveyed, a range of 22% (Medical Mutual) to 50% (Anthem) indicated they had resigned from one or another of the various panels at some time in the past (not necessarily since the Anthem rate change).

More important, perhaps, for this study is the fact that there is no real difference among the insurers in the percent resigning since the Anthem rate change. The range is only from 3% (Anthem, Humana, Aetna) to 5% (UBH). Thus, although it was Anthem that changed rates, and undoubtedly (given the open end comments) created resentment and anger, it showed no higher rate of resignation than the other insurers since that time. This initially would seem to imply there may be a “normal” rate of provider attrition. Yet if that were true, then the total resignations should be roughly equal, assuming that all insurers have been in business for the same period of time. Unfortunately, we cannot answer this question with these results.

**Figure 5 Reasons for resigning among those who resigned from panels (Note: n's are too small for stable results and are only suggestive)**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current providers only

Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?



■ Resigned because you were dissatisfied	100%	100%	93%	74%	62%	55%
▨ Left the panel mainly for other reasons	0%	0%	7%	26%	38%	45%

## Resignations

Those who had resigned from a panel since the key dates of 2005 or 2006 were asked a follow-up question: *“You indicated you left the (name of panel) fairly recently. Did you resign because you were dissatisfied with that insurer, or did you simply leave for other reasons such as that you were moving or changing practices?”*

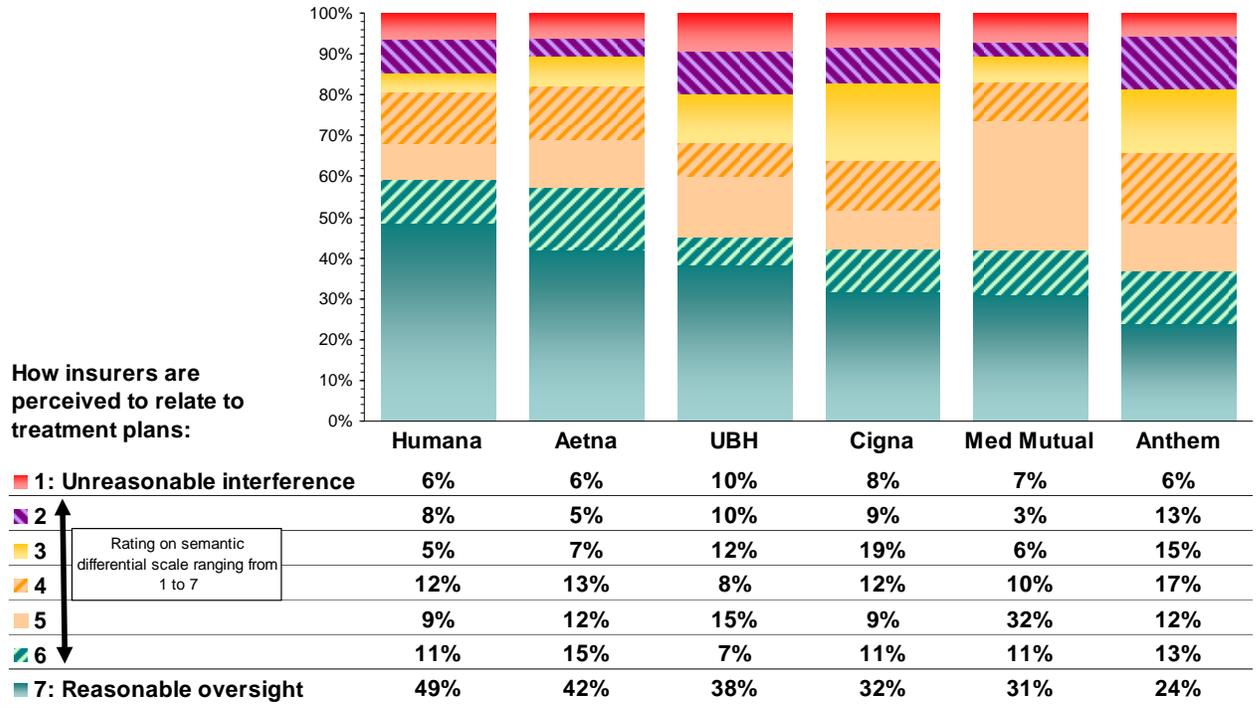
Among all 45 providers in the unweighted sample who resigned recently, there was consistency in the response that they resigned because they were dissatisfied. This suggests that reimbursement rates and difficulties dealing with insurers rather than more mundane conditions such as moving are the primary source of resignations.

Relatively few resignations were reported in the unweighted sample. For example in the unweighted data, only 9 Anthem panel members said they had resigned. Figure 5 above is therefore shown not as a definitive measure of reasons for which providers had resigned, but as a clue. We cannot use it, for example, to suggest that those resigning from Anthem or Humana are more likely than those resigning from UBH or Cigna to say they did so because they were dissatisfied.

## Figure 6 Provider attitudes toward oversight by insurance providers

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current providers only

If, in the past five years, you have ever been in a panel of the following insurance companies, please rate the following:



### Oversight

One of the common objections providers voice about their relationships with insurers is the level and nature of the oversight. Respondents were asked to rate the six major insurance companies on the reasonableness of their oversight of treatment plans using a semantic differential scale from one to seven with “anchor statements” as shown in Figure 6 above..

The scores are displayed in the Figure 6 in descending order of the best score. On this scale Humana fares best, with 49% giving it the best score and another 11% giving it a “6” on the seven point scale for a total of 60% in the two highest score levels.

Aetna is not far behind with a total of 57% in the top two scores. Anthem is last with only 37% saying it offers reasonable oversight at these levels. Medical Mutual is low also, at 42%.

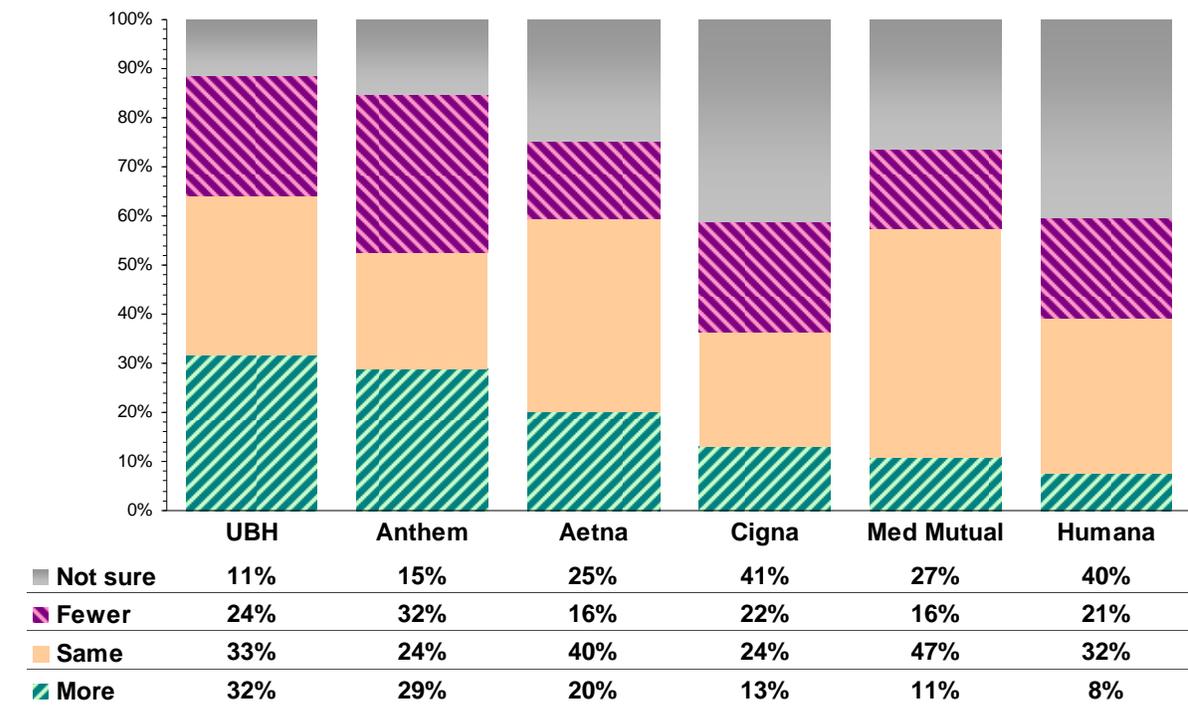
For the most part, providers tend not to rate the insurers as totally unreasonable. For example, only 19% of respondents rated Anthem as a 1 or as a 2.

Anthem, the primary focus of this survey, had a very odd, flat distribution, with more providers clustering in the middle of the distribution than the other insurers.

## **Figure 7 Are providers seeing more or fewer patients from each insurer since change in reimbursement rate change?**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current providers only

Compared to [2005/2006], and apart from short-term random fluctuations are you tending to see more, the same, or fewer patients covered by each of the following insurance companies?



### ***Seeing more or fewer patients from the insurers***

One indicator of provider displeasure with an insurer could be the tendency to see fewer patients from that insurer. On the other hand, if there were significant numbers of resignations, there could also be a tendency to shift patients to the remaining providers, causing them to see more. Of course, there can be various reasons for seeing more or fewer patients. Some respondents said that they were seeing fewer patients from a given insurer because their entire institution had dropped that insurance company. Therefore, seeing fewer patients does not directly indicate dissatisfaction.

Respondents were asked if they were seeing more, the same, or fewer patients from each insurer. In Figure 7 above, the insurance companies are listed in descending order of the percentage saying they now see fewer patients from the insurer compared to the year prior to the change in Anthem rates which was either 2005 (for psychiatrists) or 2006 for other mental health providers.

As one would predict, if providers were disaffected by the Anthem rate change, more Anthem providers than others, 32%, said they were now seeing fewer patients. The next highest was UBH with 24%. The insurers with the best performance in this regard were Aetna and Medical Mutual, both of which saw only 16% fewer providers, saying they were

seeing more patients. On the other hand, they were also not seeing more, but simply remaining stable with 40% and 47% respectively saying their number of patients had stayed the same.

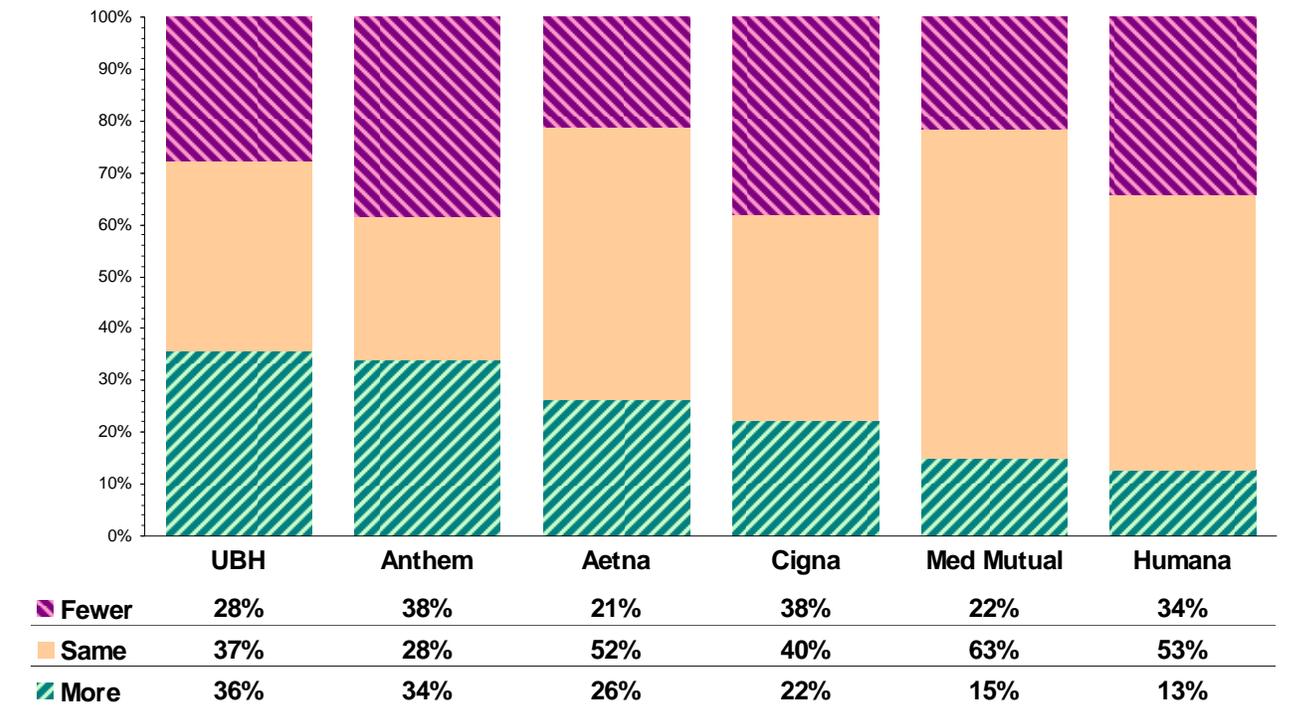
Even while more Anthem providers said they were seeing fewer Anthem patients, 29% said they were seeing more, second only to UBH (32% “more”). Some who said they were now seeing more patients from Anthem said the reason for this was that so many of their colleagues had resigned from Anthem. Consequently, we should not necessarily interpret the act of seeing more clients from a given insurer to indicate satisfaction the terms of that insurer.

Visually, these relationships are perhaps more clear when the “not sure” responses are dropped and in Figure 8 below. The not-sure responses shown in the previous chart simply illustrate the fact that often providers are not fully aware of the insurance coverage of their patients.

**Figure 8 Are providers seeing more or fewer patients from each insurer since change in reimbursement rate change?**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current providers only

Compared to [2005/2006], and apart from short-term random fluctuations are you tending to see more, the same, or fewer patients covered by each of the following insurance companies?



## ***Provider comments on seeing more or fewer patients***

In a follow-up, open-end question, respondents were asked whether they had any comment on the matter of seeing more or fewer patients from these insurers. Their comments are reproduced in Table 8 on the following page.

Most of their comments exhibit a distinct disenchantment with the present system of reimbursement. Some comments however, are much more general. For example, some explained why they knew little about the billing and its relationship to seeing more or fewer patients. For example, one provider said: " I see only SED school-based adolescents for a nonprofit agency, so I know little about the billing as we take what insurance pays and then the county picks up the difference." Another commented that, "It is positive that individuals are seeking treatment," apparently a reference to seeing more patients rather than fewer.

However, a number of others commented on insurance companies and their tendency to hold down reimbursement rates, or create other difficulties. For example, one provider who was seeing more Anthem patients and fewer Humana patients said this: "Because Anthem's rates have dropped, I limit the new number of Anthem clients. Humana has had problems correcting an error in their computer regarding my licensure."

Two psychiatrists offered the following comments that were obviously quite hostile to the insurance arrangements they must deal with: "These entities are monstrously intrusive. Heinous profits for insurance companies, whose only purpose is to limit access to care." The other said: "The fee is unreasonably low but better than most and they are easy to deal with, so I have stayed with UBH for now."

Four psychologists offered the following observations:

"As a relatively 'new' psychologist trying to make it in private practice, I have found working with all insurance companies stressful and cumbersome. I have not found one (yet) that I think really has the client's best interest at heart. It is about money."

"Anthem reimbursement rate is low."

"Anthem referrals have increased presumably because many providers quit their panel in 2006."

"Anthem BCBS apparently has more contracts, more people have Anthem insurance, more of my colleagues have dropped out of Anthem, so I get more Anthem referrals BUT Anthem uses an unending arsenal of tricks to avoid paying my claims. NO OTHER INSURANCE DOES."

In general, the comments expressed considerable disillusion with insurance reimbursement. The psychologists and psychiatrists seem more bitter and angry than social workers.

**Table 8 Comments on seeing more or fewer patients**

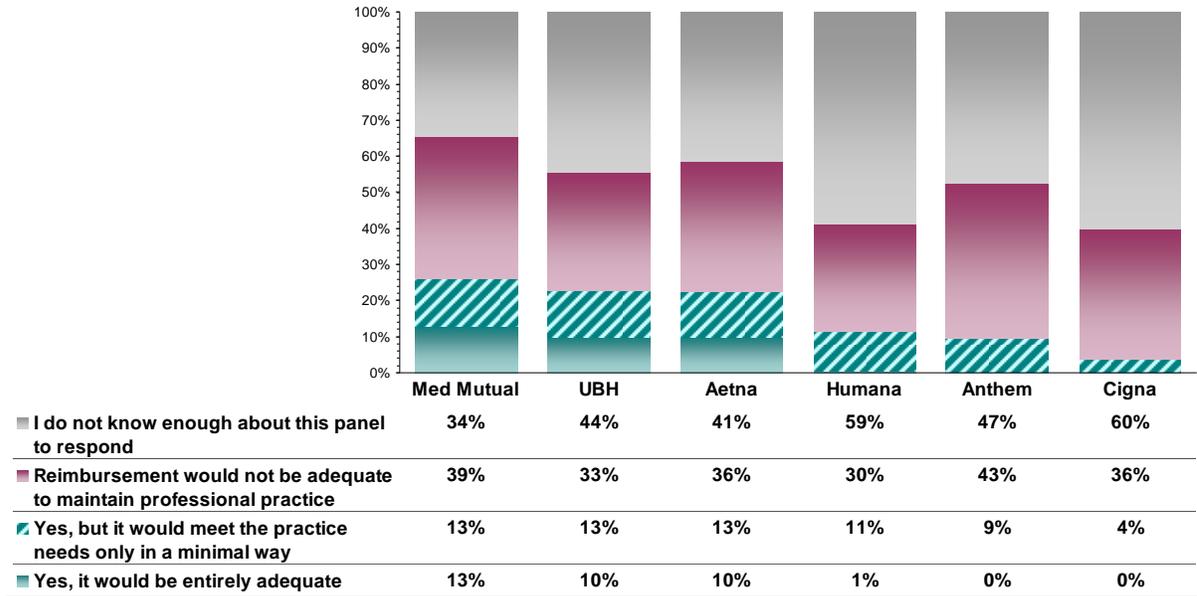
Profes- sional type	Do you have any comment on seeing more or fewer patients?
LISW	We just started our practice--we are not getting a lot of help or guidance regarding the insurance nature of our practice
LISW	UBH seems to more actively refer to me
LISW	The focus of my practice has changed and I am doing primarily consultation and almost no therapy. Consequently, insurance enters into the picture very little.
LISW	Most of my clients do not fill out the assessment forms that UBH requests---I wonder if that has decreased how many UBH refers to me.
LISW	More Aetna and they pay less.
LISW	I work with EAP and we do not use insurance.
LISW	I see only SED school-based adolescents for a nonprofit agency so I know little about the billing as we take what insurance pays and then the county picks up the difference.
LISW	I see a large number of Medicare Patients
LISW	I just became a provider with Anthem in May 2008 therefore the N/A answers to the questions regarding Anthem.
LISW	I cannot afford to see many patients from low paying insurance groups like Anthem
LISW	Humana appears to have drastically shrunk in this region, UBH appears to often arrange "deals" with certain provider groups in regions
LISW	fluctuation in local insurance market
LISW	Due to reimbursement rates
LPCC	Yes. I think there are more persons covered by Anthem Insurance and I think more clinicians have left the Anthem network because of low reimbursement rates and high claim rejection rates.
LPCC	Yes, most insurance will not put me in network because I have not had my LPCC-S at least two years. Several had me in network before my higher licensing. It doesn't make sense and makes it difficult to see anyone but Medicaid.
LPCC	Practice is dependent on insurance referrals, regrettably we accept Anthem and their low reimbursement.
LPCC	It is positive that individuals are seeking treatment.
LPCC	I work within a company and they are in charge of getting me onto insurance panels. I do not do any of the billing and am unable to answer these questions
LPCC	I work only on a hospital unit at this time. We take any insurance including Medicare, Medicaid, or no insurance. All admissions are, in effect, emergency admissions.
LPCC	I prefer to work with insurance companies that respect me and my work, evidenced by reimbursement rates, amount of oversight, and correct/timely claims payment.
LPCC	I believe higher co-pays have contributed to less clients coming for psychotherapy
LPCC	I am pleased with this trend, especially toward > MMO. Less useless paper work.
LPCC	I am only PhD provider in county. As an LPCC (PhD earned at OU) all profs were licensed psychologists. With exception of neuropsych, training, education, and skill are equal to LP; when I cannot do something, I say so. This county has no resident psych
LPCC	Because Anthem's rates have dropped, I limit the new number of Anthem clients. Humana has had problems correcting an error in their computer regarding my licensure.
LPCC	Am considering going to payment only because of growing unreasonable actions of insurance providers.
LPCC	All companies refuse payment to small offices. They tell us their lists are full!
LPCC	A large # of providers quit Anthem.
Psychiatrist	These entities are monstrously intrusive. Heinous profits for insurance companies, whose only purpose is to limit access to care.
Psychiatrist	The fee is unreasonably low but better than most and they are easy to deal with, so I have stayed with UBH for now.
Psychiatrist	patients know I am not in network on any panels before they see me
Psychiatrist	Patients are choosing to pay out of pocket.
Psychiatrist	lower reimbursement forces me to take Medicaid mostly (in CMHC)
Psychiatrist	Just depends who calls me for appointments.
Psychiatrist	I've gradually gone off all panels except Medicare over the last 6-8 years mostly accomplishing that over 5 years ago and am glad I did.

Profes- sional type	Do you have any comment on seeing more or fewer patients?
Psychiatrist	I would not call the fire department for any of them
Psychiatrist	I work in a community mental health center and I am not really sure what are the insurances we worked with but we have stop seeing all of them because we were losing money
Psychiatrist	I left private practice after 17 years because of the hassles from the above insurance providers. It was obvious to me that I was working for the insurance companies and not for my patients. They interfered with treatment; made unreasonable demands on me.
Psychiatrist	I had to quit treating younger and middle-aged adults due to non-payment by insurers and time-consuming hassles. I don't believe that my treatment plans were ever read: they were "busy-work" and impeded care. Patients don't present with problems on a schedule
Psychiatrist	i dropped off many panels because I have plenty of work and didn't wish to take the discounts
Psychiatrist	I am seeing more Aetna patients than 2005, but I am trying to not take new ones because of the draconian policies on payments and frequent administrative messes.
Psychiatrist	Am cutting back on number of patients with these insurance companies, because of hassles with authorizations and treatment plans as well as reimbursement.
Psychologist	Many psychologists dropped off the Anthem panel when Anthem reduced our reimbursements. I am getting more referrals probably because of fewer psychologists on the panel.
Psychologist	Major employer in our area changed from Medical Mutual to Anthem
Psychologist	Insurance companies are typically not prepared to address the cost of providing neuropsychological assessment or couples treatment or psychodynamic therapy. They also don't seem to understand that they are getting paid to talk to me, while I am not paid t
Psychologist	I work for an agency that serves the nursing facility population; therefore, most clients are Medicaid/Medicare clients
Psychologist	I try to not see patients from payers whose rates are low.
Psychologist	I see fewer because I have resigned my provider network status. I am now out of network, fee for service only.
Psychologist	I have shifted my practice to psychological testing and disability evaluations, since the reimbursement rates for insurance are so low. I have debated doing a fee for service only, but am not quite there yet.
Psychologist	I do see patients covered by the other insurance companies with their out-of-network coverage. I find UBH's treatment plan requirements unreasonable.
Psychologist	I bill through the medical insurance, as I only provide neuropsychological evaluations of patients referred from medical providers.
Psychologist	I am unsure which panels I am on now
Psychologist	I am not accepting new clients for insurance plans that pay unfairly, create unreasonable barriers in being paid and are generally unpleasant to deal with.
Psychologist	Geriatric patients are shifting to Medicare HMOs. They are difficult to get authorization before seeing the patient. They are more difficult to bill for secondary insurance with Medicare as primary.
Psychologist	Aside from BWC I have gone almost exclusively to fee for service, mainly because of paperwork/privacy/payment hassles.
Psychologist	As a relatively "new" psychologist trying to make it in private practice, I have found working with all insurance companies stressful and cumbersome. I have not found one (yet) that I think really has the client's best interest at heart. It is about money.
Psychologist	Anthem reimbursement rate is low
Psychologist	Anthem referrals have increased presumably because many providers quit their panel in 2006.
Psychologist	Anthem BCBS apparently has more contracts, more people have Anthem insurance, more of my colleagues have dropped out of Anthem, so I get more Anthem referrals BUT Anthem uses an unending arsenal of tricks to avoid paying my claims. NO OTHER INSURANCE DO

## Figure 9 How adequate would compensation be if 100% of your patients were covered by each insurer and only that insurer?

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents

If 100% of your patients were covered by only this insurer, would the reimbursement level it provides enable you to operate your practice in a way that met your need for salary, office space, and current staff to fully serve your patients?



### ***Adequacy of reimbursements***

To have an idea of providers' perceptions of reimbursement rates, they were asked to respond to the hypothetical situation in which all of their patients were covered by only one insurer. The question was posed about each of the major six insurers. For example, "If 100% of your patients were covered by Aetna..." Then "If 100% of your patients were covered by Anthem..." etc. Under each condition, would the reimbursement rates be adequate to maintain a professional practice?

The insurance companies are listed in descending order of the percent saying that the compensation would be entirely adequate or would meet the practice needs but only in a minimal way. Medical Mutual with 26% and UBH 23% in those two categories led the other insurance companies. Anthem had the largest percentage with 43%, saying that reimbursement would not be adequate to maintain professional practice. Humana and CIGNA had a very high level of uncertain response, no doubt a reflection of their relatively small share of the total provider base.

**Table 9 Current panel status and attitudes on compensation**

**Relationship of perceived adequacy of compensation to panel status**

**Question: Whether or not you are on each panel, how would you describe the compensation of each of the following?**

	I am a provider today	Was on this panel but resigned	Was never a provider on this panel
<b><u>Aetna providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	6%	22%	47%
Compensation is so inadequate I would consider dropping from the panel	49%	22%	11%
Compensation is quite adequate	31%	0%	20%
Not enough information to respond	14%	57%	21%
<b><u>Anthem Blue Cross/Blue Shield providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	6%	42%	23%
Compensation is so inadequate I would consider dropping from the panel	68%	24%	77%
Compensation is quite adequate	14%	0%	0%
Not enough information to respond	12%	34%	0%
<b><u>Cigna providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	8%	18%	34%
Compensation is so inadequate I would consider dropping from the panel	63%	17%	20%
Compensation is quite adequate	15%	0%	0%
Not enough information to respond	14%	64%	46%
<b><u>Humana providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	8%	22%	34%
Compensation is so inadequate I would consider dropping from the panel	47%	16%	18%
Compensation is quite adequate	14%	0%	0%
Not enough information to respond	31%	62%	48%
<b><u>Medical Mutual providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	4%	11%	49%
Compensation is so inadequate I would consider dropping from the panel	43%	20%	36%
Compensation is quite adequate	39%	10%	0%
Not enough information to respond	13%	59%	15%
<b><u>United Behavioral Health (UBH) providers</u></b>			
Compensation is too inadequate for me to accept patients from the panel	5%	57%	14%
Compensation is so inadequate I would consider dropping from the panel	62%	33%	5%
Compensation is quite adequate	26%	0%	0%
Not enough information to respond	7%	10%	82%

***Further detail of opinions on compensation***

In the table above, attitudes toward compensation are shown within provider sets. Percentages are to be read down the columns within each group. Thus, for example under the column labeled, "I am a provider today," 6% of those who are Aetna providers today said that "...compensation is too inadequate for me to accept patients from the panel," and 49% said that they would consider "...dropping from the panel" for the same reason.

The numbers of responses in the two categories of those who have resigned (i.e., before and after the Anthem rate change) are too small to realistically compute stable percentages. Therefore, we have combined the two categories into the single category shown in the center of the table of those who have resigned (i.e., "was on this panel but resigned"). Unfortunately this loses us the differentiation of pre and post Anthem rate change, but the small numbers of respondents leave no choice.

None of the insurers fares very well among its current providers. For example, 68% of Anthem providers said that compensation is so inadequate they would consider dropping from the panel. However, that is virtually the same percentage who said the same thing for

UBH and for Cigna. Medical Mutual did relatively well in terms of the percent saying that compensation would be adequate (39%). It also had the lowest percentage (13%), saying they lacked sufficient information to make the judgment.

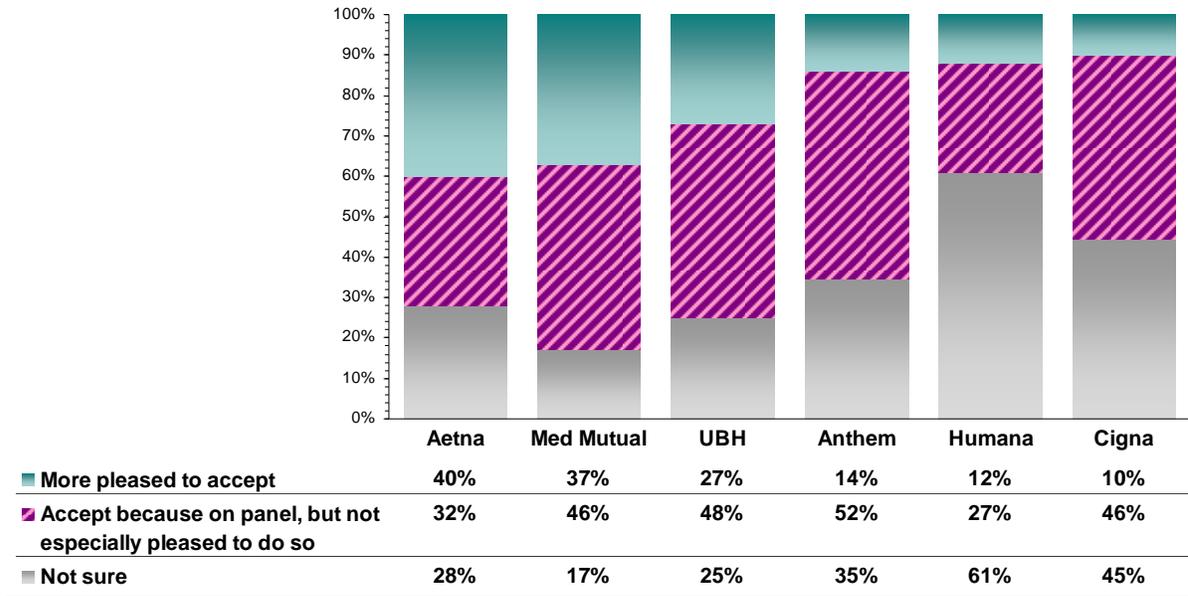
Among those saying they had never been on the panel, 23% said that Anthem's compensation was too inadequate to accept patients and 77% said that they would consider dropping from the panel (presumably meaning that if they were on the panel they would consider dropping it because of low reimbursement). That is, 100% of those who have not been on Anthem's panel called their compensation inadequate.

Consider that this was true only for Anthem – i.e., that the attitude of those who had no direct experience with Anthem because they have never been on the panel, was 100% negative in terms of the adequacy of compensation. This suggests that in some manner (word of mouth, perhaps?) Anthem, uniquely, seems to have developed a clear reputation for inadequate compensation.

## Figure 10 How pleased are you to accept new patients from each provider?

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of each panel's providers

Even if people are on a panel, they sometimes are more pleased to accept a new patient covered by some insurance companies than others for various reasons such as paperwork, reimbursement rates, or other factors. How do you feel about each of these insurers?



### *Being pleased to accept new patients from an insurer*

One series of questions about the insurers emphasized the positive: “Even if people are on a panel, they sometimes are more pleased to accept a new patient covered by some insurance companies than others for various reasons such as paperwork, reimbursement rates, or other factors. How do you feel about each of these insurers?”

The reason for asking this question was that often, providers have little choice but to remain on panels and see as many patients as come to them. This might not indicate their satisfaction with those panels, but only the inertia of financial necessity. On the other hand, because of differing reimbursement rates, and because of more or less desirable oversight policies, providers might be more or less pleased to accept patients referred by particular insurers.

In Figure 10 above, insurers are shown in descending order of the percentage saying that they are more pleased to accept new patients from those insurers. Notice that just as we saw in the previous table, Aetna (40%) and Medical Mutual (37%) fare quite well in this respect, with 40% and 37% of providers, respectively, saying they are more pleased to accept their patients.

Anthem, Humana, and Cigna are at the low end of this list with only 14%, 12%, and 10% respectively saying that they would be more pleased to accept new patients from those insurers. Another interesting aspect of the Anthem results is that 52% of the respondents said that they accept because they are on the panel but they are not especially pleased to do so, the highest among the insurers to garner this response.

## ***From what other insurance companies are providers relatively pleased to accept new patients?***

Respondents were asked from what other insurance companies, if any, besides the six we specifically asked about, they would be relatively pleased to accept new patients. Because only a fairly small number of people within the original sample of 208 providers gave responses to this question, in Table 10 below (following page) we have drawn on the complete response base in 1,031 responses. In that set, 206 offered comments about what they liked about other specific insurance companies.

Although it is not our usual practice to include so many verbatim comments within the text of the report, the next nine pages are devoted to the comments because the answers are revealing and are quite consistent in their views of what is important to them.

The firm most often mentioned was Aultcare, which is located in Canton, Ohio, and serves only northeast Ohio. It was mentioned by 20 of the 206 who offered comments about companies other than the major six<sup>3</sup>. Other companies frequently mentioned were Paramount, mentioned by 15 respondents, Value Options, TriCare, both receiving first-mention by 14 respondents (and a few additional mentions from those mentioning multiple insurers), and Concern Services (this is said to be a Cincinnati-only company) mentioned by 13 respondents. Other companies or agencies were also mentioned including the Bureau of Workers Compensation and various other agencies including Medicare and even Medicaid, but these were mentioned by relatively few.

When explaining what they liked about these insurers and therefore why they would be relatively willing to accept new clients from them, respondents often cited reasonable reimbursement, prompt payment, and being relatively easy to deal with. For example, one psychologist who cited Aultcare said: "Better reimbursement level. Claims more consistently processed correctly. They don't tell me they didn't get a claim like Medical Mutual of Ohio seems to do regularly even though I have a copy of what I sent them." Another psychologist also citing Aultcare said: "Excellent reimbursement rates and appropriate requests for patient information."

Still another psychologist citing both Aultcare and SummaCare said this: "The Aultcare reimbursement rate is high, paperwork is minimal, payment is prompt, and no pre-authorization is required. SummaCare reimbursement is not high, but paperwork is minimal, payment is prompt, and no preauthorization is required." In other words, in spite of low reimbursement, the ease of working with SummaCare made this respondent more willing to accept SummaCare patients.

One Cincinnati area psychologist made this comment in saying why he liked Magellan: "Out of network pays well and has limited paperwork. There is no panel at this time that pays as well. Anthem has CUT rates 20% without telling providers. Aetna has not increased ever and Magellan is very good to work with but has not increased fees either."

We can see from these comments to while reimbursement is extremely important, it is not the only criterion which mental health providers use to judge insurers who cover their clients. Pre-authorizations and paperwork are also very important, as are good communications and claims processing.

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<sup>3</sup> Comments were so positive that Aultcare might make an interesting case study for peer review.

**Table 10 From which other insurers are you relatively pleased to accept new patients?**

Type	Which other insurer are you more pleased to accept patients from?	Why?
Psychologist	AARP	They are quick to pay and less red tape.
LISW	Alliance Behavioral Care	Respect for providers
LISW	Alliance Behavioral Care - University Of Cincinnati	Good reimbursement and case management
Psychologist	Alliance Behavioral Care, Principal Life Ins. Co.	Reasonable procedures and requirements
Psychiatrist	Alliance Behavioral Health, Health Span, PHCS (Private Health Care System Also Known As Multiplan)	Various reasons including better reimbursement, less paperwork and less interference with treatment plans.
LISW	Alliance Behavioral Care	Better reimbursement rates, less paperwork
Psychologist	Anheuser-Busch Eap	Involvement and help and reimbursement are very good
LPCC	Antares	Decent reimbursement and moderate paperwork
LISW	Aultcare	Higher rate of reimbursement; quicker payments; very little treatment interference
LPCC	Aultcare	easy to work with, fair reimbursement
LPCC	Aultcare	Most of our patients are covered by this insurance company.
LPCC	Aultcare	Practically no paperwork and good compensation
LPCC	Aultcare	Prompt payment, good payment
LPCC	Aultcare	Reimbursement rate more reasonable
LPCC	Aultcare	Reimbursement rate was adequate, efficient in response to concerns, balanced case management.
LPCC	Aultcare	Their turn around time is minimal and they adequately reimburse.
Psychologist	Aultcare	Better reimbursement level. Claims more consistently processed correctly. They don't tell me they didn't get a claim like MMO seems to do regularly even though I have a copy of what I sent them.
Psychologist	Aultcare	Excellent reimbursement rates and appropriate requests for patient information
Psychologist	Aultcare	First of all, they allowed me to join their panel. Secondly, their reimbursement rate is tolerable. Thirdly, they pay promptly and do not require an inordinate amount of documentation to authenticate, or reauthenticate, need for services.
Psychologist	Aultcare	Is local and receptive to inquiry and concerns
Psychologist	Aultcare	large number of clients in our area with this coverage
Psychologist	Aultcare	Prompt reimbursement; predictable in their requirements; easy to contact.
Psychologist	Aultcare	Reasonable paperwork and adequate reimbursement.

Psychologist	Aultcare	They pay a reasonable reimbursement rate, though still a substantial reduction from the rate charged. I was less bothered by their expectations around treatment plans although they were somewhat cumbersome, because I felt I was being paid more fairly for my services.
Psychologist	Aultcare	They reimburse more and accurately process claims majority of the time
Psychologist	Aultcare	They trust me to see patients as many times as necessary
Psychologist	Aultcare, Summacare	The Aultcare reimbursement rate is high, paperwork is minimal, payment is prompt, and no preauthorization is required. SummaCare reimbursement is not high, but paperwork is minimal, payment is prompt, and no preauthorization is required.
LPCC	Aultcare/Primetime	Primetime is similar to a Medicare HMO and pays 80% compared to Medicare's 50%.
LPCC	Bwc	Excellent reimbursement and good monitoring of care.
Psychologist	BWC (Not A Commercial Insurance); Healthspan	BWC - reimbursement is so good; Healthspan - generally no pre-cert, low paperwork (same with Cigna, Medicare, etc.)
LPCC	BWC Or Medicaid Or Self Pay	Higher reimbursement.
Psychologist	BWC, OWCP Only	They reimburse in less than 6 months and IAW Prompt Pay Laws and pay nearly or all of my full rate.
Psychologist	Bwc/Bvr/Va	Higher reimbursement
Psychologist	Care Source	pro bono spirit, deserving clients
LPCC	Care Source, Unison,	reimbursement
LISW	Caresource	While payments are also very slow (90-120 days), they are helpful in follow-up and do eventually pay.
LPCC	Caresource	Reimbursement rates are higher.
LPCC	Central Benefits	Reimbursement is higher, no red tape for out of network reimbursement
Psychologist	Central Benefits	Higher rate of reimbursement than average - no interference in treatment planning or execution
Psychologist	Central Benefits	Higher Reimbursements
Psychologist	Cleveland Clinic Employee Health Insurance	Provider relations satisfaction, reimbursement rates
LISW	Community Health Partners	Higher reimbursement rates, higher number of sessions per year and ease of payment.
LISW	Compsych	allow 20 sessions immediately, then a review is needed.
LISW	Concern	Not intrusive into the treatment, and allow adequate number of sessions to do effective work.
Psychiatrist	Concern	easy to work with
Psychologist	Concern	They actually seem to be concerned about their clients and so far appear reasonable to work with although I have only a few clients from them thus far.

Psychologist	Concern Tri Health Cincinnati	less hassle, less paperwork, better reimbursement
Psychologist	Concern (Local Cincinnati Company)	Reimbursement rate is adequate, I can always speak to a live person who is responsive to claims problems, it is easy to obtain new authorizations.
Psychologist	CONCERN (They Are In The Cincinnati Area Only)	Their reimbursements are somewhat reasonable, and a live person answers the phone. However, they have been excessively delinquent in payment for quite some time now, such that I will be filing a formal complaint with the Ohio Insurance Dept.
Psychologist	CONCERN (Trihealth)	require less paperwork, easy to contact, rarely makes errors
Psychologist	Concern Services	The reimbursement is very good (\$85.00 for 90806) and they are easy to work with as far as obtaining additional sessions.
Psychologist	Concern Trihealth	Friendly and respectful staff, adequate reimbursement rate.
Psychologist	Concern Tri-Health	Rates are usually higher for me though turnaround time on payment tends to be a bit slower.
LPCC	Concern, Health Span, Principal	Health span--better pay
Psychologist	Concern, Butler County Health Plan	Concern has always tried to resolve problems in a friendly way- they aren't out to screw the clinician. BCHP turns around billing quickly and doesn't hold up claims for silly reasons.
Psychologist	Concern/Trihealth	Higher reimbursement; less paperwork; *claims rarely denied especially not denied for late filing; pleasant professional contacts
Psychologist LISW	Docfirst Dorris	Reimbursement rate Pay in a timely fashion, once claims are submitting one week you get a check the next week.
LISW Psychologist	E Eap Program, Magellan	good reimbursement rates EAP program that I work with provides no restrictive oversight and guarantees the client the opportunity to exhaust benefit if it appears clinically useful/necessary.
LPCC	Eap's	If they then have Aetna, guaranteed reimbursement for continuing therapy beyond EAP sessions.
LISW	Eaps, Value Options, Emerald	Because I am paid more by these panels.
LISW	Emerald Health	Good reimbursement amounts, little hassle, quick payment
LISW Psychologist	Emerald Health Evercare	Pay very well Reimbursement is better, easy to work with, paid quickly with no hassles
Psychologist	Frontpath	Reimbursement is great and pay in a timely fashion along with when you contact their offices, they are friendly and helpful and you get to talk to a human right away!!
LPCC LPCC	General Motors Health Design Plus, Aultcare, Tricare, Mhn	They pay more Adequate payments

LPCC	Health Plan	Easy to Work with
LPCC	Health Plan	Seem reasonable Easy to communicate with
Psychologist	Health Span, Custom Benefits, Concern	Payment more than others. Still below same services provided by psychiatrists.
Psychologist	Healthspan	no authorizations and fees are better
Psychologist	Healthspan	Their reimbursement is closer to my rate, they don't have an onerous procedure for reimbursement or inclusion on their panel, they aren't intrusive regarding treatment.
Psychologist	Healthspan Preferred	I have only two patients with this insurance but I am impressed by the percentage of my fee which they cover, the speed at which I am reimbursed for services rendered, the ease with which I can reach them to obtain an authorization when needed.
LISW	Healthspan, Concern	Adequate reimbursement
Psychologist	Healthspan, Ohio Health Choice	They pay more
LPCC	Healthspan, United Medical Resources	easy to work with and reasonable compensation
Psychologist	Healthspan, Western And Southern, IBEW Plan Through Medical Mutual	High reimbursement and no treatment plans required.
LISW	Highmark, PA	No treatment plans for outpatient behavioral health. They realize reimbursement is adequate, and they have seen the wisdom of not micro managing the outpatient benefits.
LPCC	Hmr	They pay well and are easy to contact.
LPCC	Horizon Health Services (Eap)	They don't get overly involved for the most part. They allow self referral out of the EAP. Reimbursement rates are adequate.
Psychiatrist	Humana	Less paperwork
Psychologist	Humana, CONCERN In Cincinnati Area	Re. Humana, I recently asked for a re-consideration of my rates and they granted the rate I requested which was at the top of local managed care rates. Cigna absolutely refused to grant an increase over a 1996 rate!
Psychologist	Kaiser	They are easy to work with and reimbursement is adequate.
Psychologist	Kaiser Ppo	provides adequate reimbursement
LISW	Magellan	Out of network pays well and has limited paperwork. There is no panel at this time that pays as well. Anthem has CUT rates 20% without telling providers. Aetna has not increased ever and Magellan is very good to work with but has not increased fees either
LISW	Magellan	They pay at a good rate, and, although their paperwork is extensive in terms of case closing, I am used to completing it, so don't mind.
LPCC	Magellan	Straight forward paperwork. Easy to contact by phone if necessary.
Psychologist	Magellan EAP	Always reimbursed; paperwork rather easy.
Psychologist	Maksin, Butler County	Prompt payment, adequate reimbursement, easy to contact and quick to solve problems.
Psychologist	Marymount	OK payment - comparable to MMO; easy to work with case managers

Psychologist	Marymount Behavioral Health (Cleveland Clinic)	Reasonable reimbursement rates, they care whether patients get good care, and they are easy to work with.
Psychologist	Marymount Behavioral Health Service	very favorable working relationship with case managers; reimbursement is timely and in accord with contract; paperwork requirements are reasonable; insurer has considered ways to extend fee for service that correspond closely with actual patient/client needs
Psychologist LPCC Psychiatrist LISW	Marymount C Medicaid Medicaid Medicaid Hmos Are Most Efficient; Magellan Is OK	higher reimbursement rate Ethics, provide service to those who need it pay better MA HMOs are straight-forward and to the point: focusing on the essentials of crisis intervention which enhances the care we can give to the patients.
LPCC	Medical Mutual	Because of the ease of obtaining pre-certification for IOP, etc.
LPCC	Medical Mutual	Tend to reimburse more regularly and fully, paperwork is minimal.
LPCC	Medical Mutual	They require less paperwork and are more timely in their payments. UBH refuses to pay the first time I submit a claim, asking for ICD-9 diagnoses when I supply that information the first time.
Psychologist LPCC	Medical Mutual Medical Mutual & UBH	Less of a hassle When I call I speak to ENGLISH speaking receptionists, which helps tremendously. I have had nothing but good responses from their telephone operators. There is very little problem with getting approval and approval is given for most usually a calendar y
LISW	Medicare	Although the reimbursement is less than I would like, there is much less paperwork and time involved.
LISW	Medicare	no authorizations and better reimbursement (total with co-pay)
LISW	Medicare	No treatment plans. Can have long-term psychotherapy as needed. Reimbursement as reasonable as any.
LISW Psychiatrist	Medicare Medicare	rate of pay higher for now I left private practice because the reimbursement from the above insurance companies was so low. I was working hard for the companies and had to fight them for reimbursement or not get paid. The only way I could deal with the panels was to leave them Higher rate of reimbursement.
Psychologist Psychologist LPCC Psychiatrist	Medicare Medicare Medicare & Emerald Health Medicare (Traditional) Primary And A Secondary Gap-Filler	Pay fairly promptly even though inadequately. better reimbursement and less paper work Non-managed; no treatment plans; no limit on yearly visits; less hassles; less release of confidential information for re-imburement; pay is fair; can hospitalize easily if warranted; criteria for significant illness more defined. No or very few denials
Psychologist	Medicare And Medicaid	Because treatment is not prescribed or micromanaged by the insurer.

Psychiatrist	Medicare For Now, But This May Change	No preauthorization, prompt payment generally. No denials of care.
Psychologist	Medicare With Secondary Ins	compensation rate
LISW	Medicare, Trihealth	Better compensation, reasonable paperwork oversight
LISW Psychologist	Medicare/Palmetto Medicare/Palmetto	Payment is predictable and comes to me directly. Medicare is no hassle. However, it really only works if there is a secondary insurance to cover the substantial portion not covered.
LISW Psychologist	Ngs Ngs	Easy ease of authorization + no special paperwork + reliable payment (typically) -- Payment equal to other plans I work with
LISW	Ngs American--OSU	the representatives speak good English and are easy to understand
Psychologist	Non-HMO Companies, That Pay Decently And Require Not Paperwork.	I find that most insurance companies pay about the same now, which means that their fees have gone down, over the years, instead of keeping up with inflation, with the increasing cost of continuing education and materials, etc.
Psychiatrist	Oh Bwc, Ky Medicaid, Medicare	BWC good reimbursement, but high paperwork, restrictive pharmacy
LPCC Psychologist Psychologist	Ohio Health Choice Ohio Health Choice Ohio Health's Plan	Adequate Reimbursement payment to providers is more reasonable Reimbursement is a little better and there is no paperwork.
LPCC	Ohio Medicaid	This is the majority of clients seen by myself in a community mental health setting.
Psychologist LISW	Ohio Medicare OSU Manged Healthcare	Pay better Easy, friendly staff and minimal paperwork. Good reimbursement
LISW LISW	OSU Primecare OSU Primecare	Better rate, less intrusion. very easy to get auths, minimal paperwork, personal relationship with staff, plan allows for flexibility
LPCC LPCC	OSU Primecare OSU Primecare	Few hassles Reimbursement rate is comparable to other carriers, but they are more responsive to sending timely reimbursement, and addressing problems.
Psychologist Psychologist	OSU Primecare OSU Primecare	easy paperwork, authorizations Easy to deal with, process claims correctly the first time!
Psychologist	OSUmc Behavioral Health	Level of reimbursement and ease of authorization
Psychologist LISW	OSUmhcs; Medicare Paramount	Better reimbursement rates Better reimbursement, physician referral encourages better follow through, little follow-up paper work
LISW	Paramount	The reimbursement rate is very good and case management is not overly time consuming.
LPCC LPCC Psychologist Psychologist Psychologist	Paramount Paramount Paramount Paramount Paramount	easier PCP status, 24 hour approvals. Easier and better reimbursement Have not reduced rates, easier to deal with. no written treatment plans

Psychologist	Paramount	Very little problem with paperwork and adequate reimbursement rates.
Psychologist Psychologist	Paramount & NCS Paramount Healthcare	Easy treatment planning, acceptable payment almost reasonable compensation and respectful referral and case mgmt. system
Psychologist	Paramount Healthcare	Good reimbursement, timely payments, acceptable paperwork
Psychologist LPCC	Paramount Healthcare Paramount HMO	Higher reimbursement rates Efficient referral system, higher reimbursement rates.
Psychologist Psychologist	Paramount, Frontpath Paramount, NGS, United Medical Resource, Healthreach	Less hassle, adequate reimbursement rates. They do not make you do the pre-certification process, they have a clear copay, they pay within 4 to 5 weeks, you can trust that there will not be difficulties with reimbursement once you have established a good working relationship, they don't make changes.
LPCC Psychologist	PHCS & Healthspan Plans Through Medical Group Of Ohio	Minimal paperwork & competitive reimbursement Fees/they also do all the contract negotiation, credentialing, etc.
LISW	Prefer Private Pay	Less paperwork. Less frustration for office and client. Often when my office manager calls to verify coverage, we are given inaccurate information. Just twice this week, we were told that the insurer would not cover, yet when the client checked with his insurer they said they would.
Psychologist	Primecare	Open, clear and easy communication. No waiting for authorizations. Treatment plans are reasonable. Reimbursement rate is still inadequate but doable.
Psychologist	Principal	Less paperwork, less clinical staffing, better reimbursement.
Psychologist	Some MCO's For BWC	Payment better than any other insurers. Considerable paperwork but standard--few surprises. Assigned case managers make communication/problem solving easy. A few MCO's for self-insured companies are absolutely terrible--hostile to patients and providers,
LISW	Summa	Reimbursement is good and more for conjoint tx, no prior author needed
LISW Psychologist	Summa Summa	Significantly higher reimbursement rate Because they are local, a large number of healthcare providers that I can refer my patients to for supplemental needs, wider range of patient demographics, higher number covered in this area by the insurer.
Psychologist	Summa	Have been paying adequately and easy to work with--but they have just dropped fees and we may leave their plan,
LISW	Summacare	higher rate of compensation, ease of correcting errors in reimbursement

Psychologist	Summacare	Compensation; paperwork requirements
Psychologist	Summacare	Reimbursement is fairly good, usually prompt and without hassles. Prior authorization is not typically needed for outpatient.
LISW	Superior Med	they are the insurance company for a large, local employer
LPCC	T.E.A.M.	Higher Reimbursement Rate
LISW	The Health Plan Of The Upper Ohio Valley	90801 doesn't need authorization and subsequent 90806s are very easy to get approved through a local dedicated fax line
LISW	The Ohio State University	Representatives are easy to reach (no ridiculous automated systems that lead you from one prompt to the next); compensation is comparable to service provided; oversight is good; reimbursement and other documents arrive in a timely manner.
LISW	Tri Health	Better reimbursement rate, easy access to provider services, responsive
LISW	Tricare	No pre-auth for first eight visits.
Psychologist	Tricare	Good reimbursement rates; practical procedures for authorization; prompt payment; fast responses to problems
Psychologist	Tricare	Reimbursement rates, rapid turnaround of claims
Psychologist	Tricare	treatment plan process is easy, results are returned quickly, easy to bill, payment received quickly
LPCC	Tri-Care	efficiency, on-line billing available at no cost to me. Minimal paperwork.
Psychologist	Tri-Care	Easy reimbursement, good rates
Psychologist	Tricare Military	Unlimited sessions and paperwork not burdensome or overly intrusive to patient.
Psychologist	Tricare, BWC Panels, Summa Care, Kaiser	Reimbursement rates are good and/or little paper work involved.
Psychologist	Tricare, Healthspan	Often better & more timely reimbursement, do not interfere w/treatment
Psychologist	Trihealth Concern	They are the only group that actually listens to my concerns and try to do something about them. They've never screwed me even when I've made an error like getting a treatment plan in a day late.
Psychologist	Trihealth/Bethesda	Tricare
Psychologist	Trihealth/Concern	Improved reimbursement rates that they raised without prompting, they are respectful of the clinician's expertise and don't manage care in ways that are solely based on making a profit.
Psychologist	Trihealth/Concern	Reasonable paperwork and best pay in industry.
Psychologist	Tristate Benefits/Concern	Rates are higher and up until recently they were very easy to work with. Last few months they have not bothered to pay claims for 5 months and have been a pain with chart audits, etc.
Psychologist	UBH Has Free, User-Friendly, Electronic Billing	Medical Mutual does not require authorizations. Nor does Aetna.
LISW	Unicare	easy, good reimbursement
LPCC	Unified Group Services	They pay well
Psychologist	Univ. Of Cincinnati Health Insurance	I am employed by the Univ. of Cincinnati Health Services. We accept only UC physician referred students.

LISW	University Prime Care	Easy to work with and reimbursement rates are adequate
LISW	Va (Veterans)	I work for the VA
LISW	Value Options	pays a little more, has online claim entry
LISW	Value Options	Reimbursement rate higher, easy to work with.
LISW	Value Options	Reimbursement rate is adequate,
LISW	Value Options	Reimbursement rate is higher.
LISW	Value Options	Reimbursement rates are higher to compensate for the time spent.
LPCC	Value Options	Easy to work with
Psychiatrist	Value Options	Easy to work with the case manager and flexibility in getting ongoing treatments approved with OTR by phone.
Psychologist	Value Options	once you follow their rules payment always appears and in short time
LISW	Value Options And Some Other Smaller Providers	They pay better, and do not require any more paperwork from me.
LPCC	Value Options, Compsych	protocols, paperwork
Psychologist	Value Options	responsive to my questions and minimal denials
Psychologist	Value Options, Healthreach	Higher reimbursement.
Psychologist	Value Options	Easy access to their headquarters and quick reimbursement
Psychologist	Worker's Comp, Medicare	Higher reimbursement
Psychologist	Workers Compensation	Higher rates
LPCC	Worker's Compensation Clients	Reimbursement rates are better, although the paperwork is certainly more onerous.

## General comments on insurers

After being asked from which insurers they felt more or less comfortable accepting new patients, respondents were asked for their general comments about insurers. The table below is drawn from only the 208 core sample responses.

The comments are not unexpected. Many have to do with low reimbursement rates. Many express resentment against the insurance companies. For example, one person said this: "I don't like Paramount because of all the restrictions and pre-certifications that I feel are unreasonable. I am in general feeling that my income is down and I am harassed by insurance companies." Resentment comes through in some of the comments. For example: "Insurance companies in general do not adequately recognize our value to them. The academic and skill level requirements needed to effectively counsel others is worth more than the \$60/counseling hour that seems to be standard."

Quite a few indicate that they work in institutional positions in which they really do not have much dealing with the insurers and therefore they lack information about these kinds of questions.

**Table 11 Comments on insurers**

Type	Comments
LISW	I don't keep track of reimbursement rates, as I work as a provider in an outpatient clinic at a hospital. Our administrative director manages that aspect of the practice.
LISW	I work at a community mental health center in Appalachia. 90% our clients have some form of Medicare or Medicaid as their insurance source. So much of these questions are irrelevant or would better be answered by our main office in Athens who decide all policies.
LISW	Insurance company requirements interfere with treatment, and are not worth the effort one needs to expend.
LISW	Not only are the reimbursement too low, but I find requirement to justify treatment intrusive and often based on faulty judgments.
LISW	The reimbursement has not kept pace with the increased cost of doing business. Each year the insurance companies tend to drop what the provider is paid and increases the co pays for the patients.
LISW	They all manage money not care.
LISW	We continue to receive pay cuts from insurance companies, in general.
LPCC	I am now only fee-for-service. I give my clients SuperBills, so they can file their own insurance.
LPCC	I do not know enough yet
LPCC	I haven't seen one lately with decent reimbursement rates.
LPCC	insufficient info due to I don't often directly work with the insurance companies as we have a dept. that does that for the clinicians most often.
LPCC	Insurance companies in general do not adequately recognize our value to them. The academic and skill level requirements needed to effectively counsel others is worth more than the \$60/counseling hour that seems to be standard.
LPCC	Seems that companies do not pull from NPI info. Companies seem to want their "own" packets, which are followed by lengthy processes to join networks, ignoring lack of providers in the area. Billing issues include irrelevant automated voice responses.

LPCC They all pay about the same, with Anthem and Cigna being the worst.

LPCC They are all unreasonable in one way or another.

LPCC unsure, my billing secretary could actually answer better

LPCC Very slow reimbursement

Psychiatrist I do also accept Medicare and do appreciate that visits are unlimited.

Psychiatrist I don't like Paramount because of all the restrictions and pre-certifications that I feel are unreasonable. I am in general feeling that my income is down and I am harassed by insurance companies. I don't have the resources or time to remember which patients are covered by which insurance companies.

Psychiatrist I have all PIFATOS payment in full at time of service--I give them a receipt and they fight with those bastards...I give them info on how to get Health Savings Accounts...I see a lot of patients with insurance but they pay me...I want nothing to do with insurance companies.

Psychiatrist Most have low reimbursement and paperwork hassles.

Psychiatrist profit is bottom line for all companies and is at direct conflict with patients best interest

Psychologist Costs have gone up and rates of reimbursement have gone down.

Psychologist Downward pressure on reimbursement is across the board.

Psychologist Each of them presents its own set of challenges and discomforts, whether it's poor reimbursement, delayed reimbursement, too much paperwork, errors in processing claims, etc.

Psychologist I am on at least 20 panels and they continue to eat into our fees with no additional benefit to the client. They are out of control without regulation in the State of Ohio, they make it impossible for us to hire new people because they cannot be paid.

Psychologist I don't have to have much contact with the insurance companies; this is not like a private practice.

Psychologist I have not found an insurance company with a reasonable level of reimbursement.

Psychologist I like higher reimbursement rates. I like fewer treatment plans. I like companies that process claims promptly and fairly.

Psychologist Inadequate reimbursement

Psychologist Insurance companies in general are not willing to pay for mental health services, particularly for the type of high level specialty neuropsych evals that I do.

Psychologist It is very difficult to be certain what the covered rates are as the ins providers want you to sign a "hold harmless" contract without ever telling you what the payment will be. There are many limitations on services as in number of visits or higher deductibles.

Psychologist More trouble than it is worth. Forms are time consuming and can not reach a person on the telephone without being on hold for sometimes up to an hour

Psychologist My fee is slightly lower than the customary fee in this area. Yet, I don't know of any insurance company that reimburses my full rate. I try to encourage clients to not use their insurance so that I can receive my full rate for consultation services.

Psychologist Poor reimbursement.

Psychologist Reimbursement rates are now at 1990 level.

Psychologist Reimbursement rates for all are too low.

Psychologist They all pay too low

Psychologist They take more than half of my earning. many of my patients - would be patients cannot afford out-of pocket expenses for their much-needed therapy.

Psychologist Third party payment for psychotherapy and for assessment is still not worth the paperwork

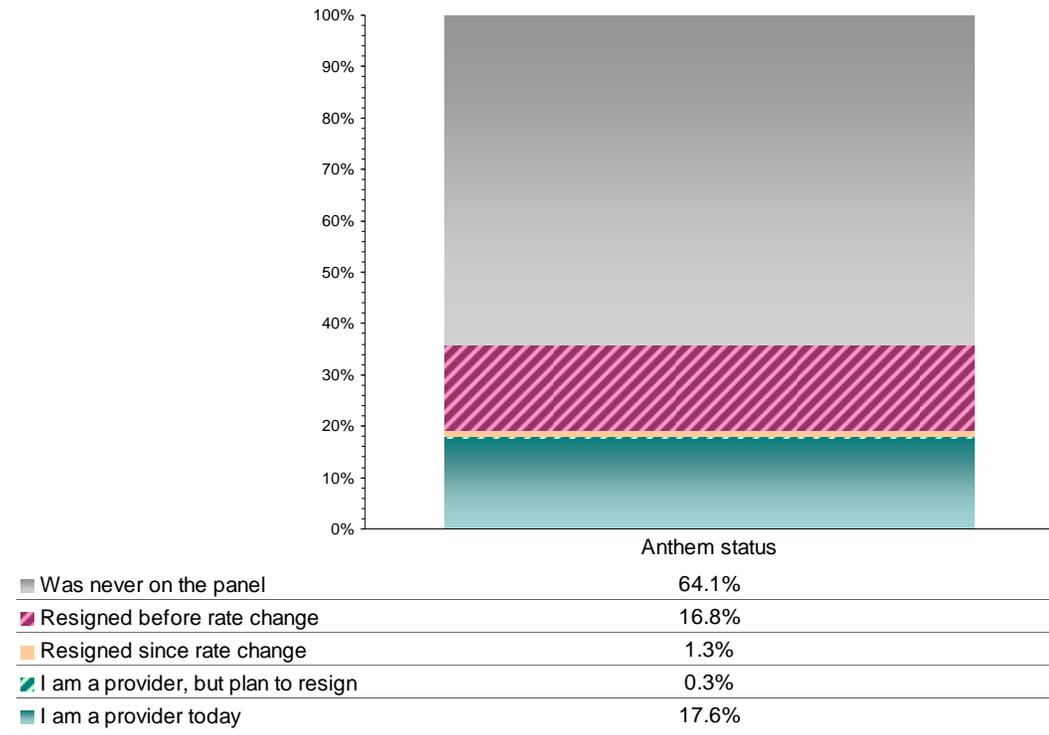
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## Anthem Panel

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## Figure 11 Detailed status vis-a-vis Anthem

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents



### Detail of Anthem status

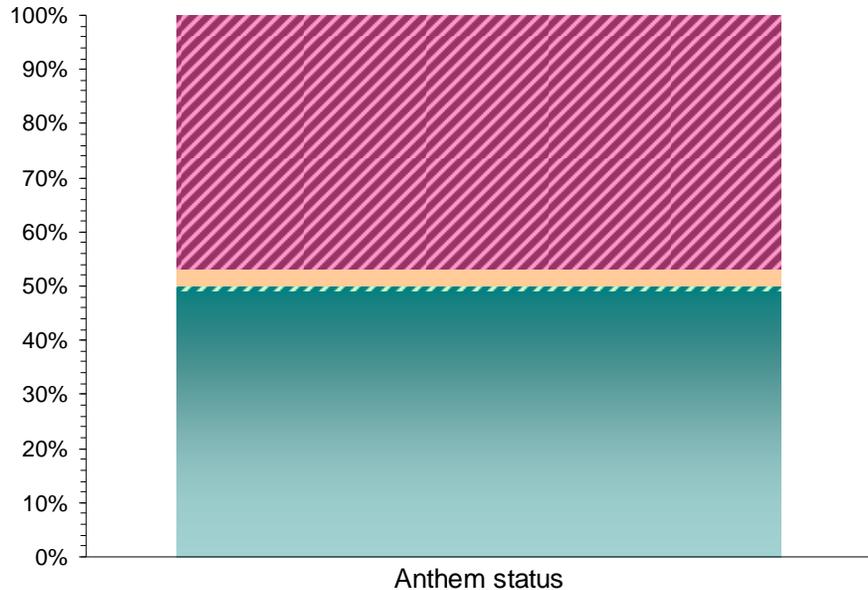
In Figure 11 above, we have broken down the Anthem status of respondents in a detailed manner<sup>4</sup>.

We find that 17.6% of all mental health providers in Ohio indicated that they are Anthem providers today, while another few providers (0.3%) plan to resign. More than 16% said they had resigned before 2005 or 2006 (depending whether they were psychologists or psychiatrists). Finally, 64.1% indicated they had never been on the Anthem panel.

<sup>4</sup> In this and several following charts, results are carried out to tenths because the important category of "I am a provider but plan to resign" is so small, but does not register as zero.

**Figure 12 Anthem status as a percent of only those who have been on the Anthem panel**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents who have been on the Anthem panel



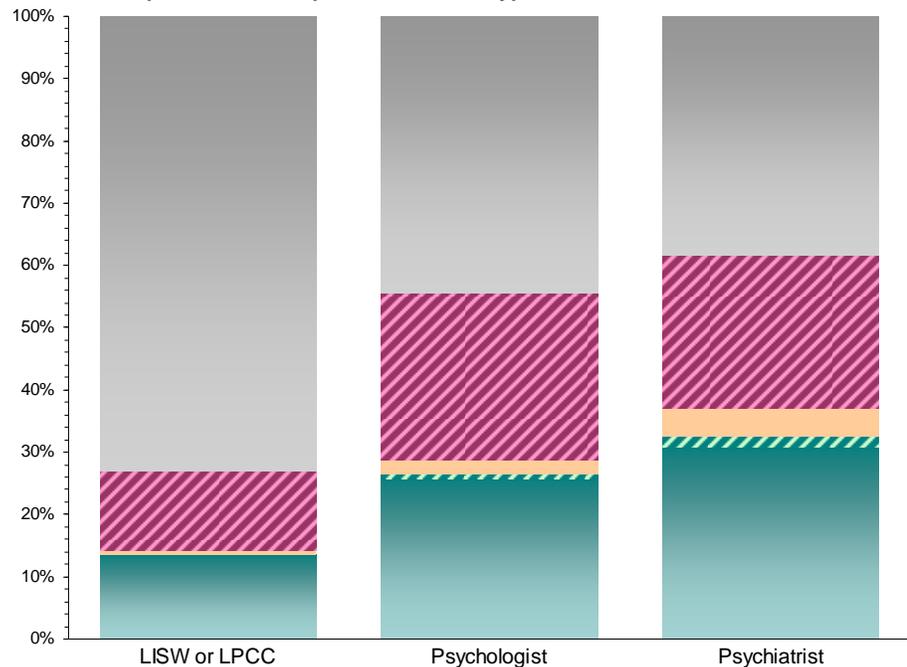
Resigned before rate change	47%
Resigned since rate change	3%
I am a provider, but plan to resign	1%
I am a provider today	49%

***Those who have been on the Anthem panel***

When we consider only those who have ever been on the Anthem panel, we find that 4% have resigned since the rate change, and another 1% plan to resign. On the other hand, 47% resigned at some time prior to the rate change.

**Figure 13 Status on the Anthem panel, by type of provider (showing “never on the panel” responses)**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents of each type



■ Was never on the panel	72.8%	44.5%	38.2%
■ Resigned before rate change	12.9%	26.8%	24.9%
■ Resigned since rate change	0.6%	2.3%	4.4%
■ I am a provider, but plan to resign	0.0%	0.6%	1.7%
■ I am a provider today	13.6%	25.9%	30.9%

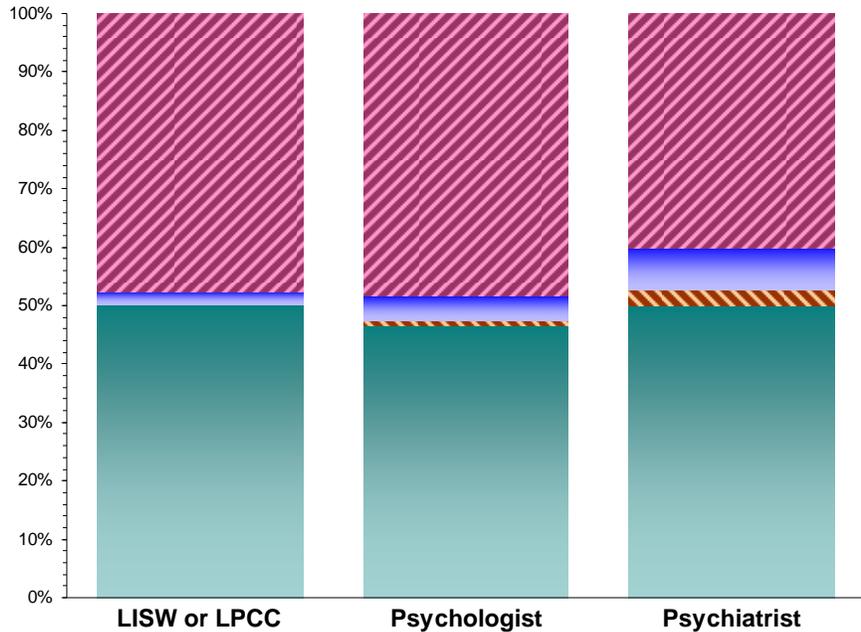
***Anthem status broken down by provider type***

Respondents were asked whether they were on the Anthem panel and if so, whether they intended to resign. In Figure 13 above, the responses are broken down by the type of professional practice.

The percent who said they had resigned from the Anthem panel was highest among psychologists (26.8%), next among psychiatrists (24.9%), and lowest among social workers (12.9%). Though the number of providers planning to resign is small, they appear to be concentrated among psychiatrists.

**Figure 14 Status on the Anthem panel, by type of provider (excluding “never on the panel” responses)**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents of each type who are or have been on the Anthem panel



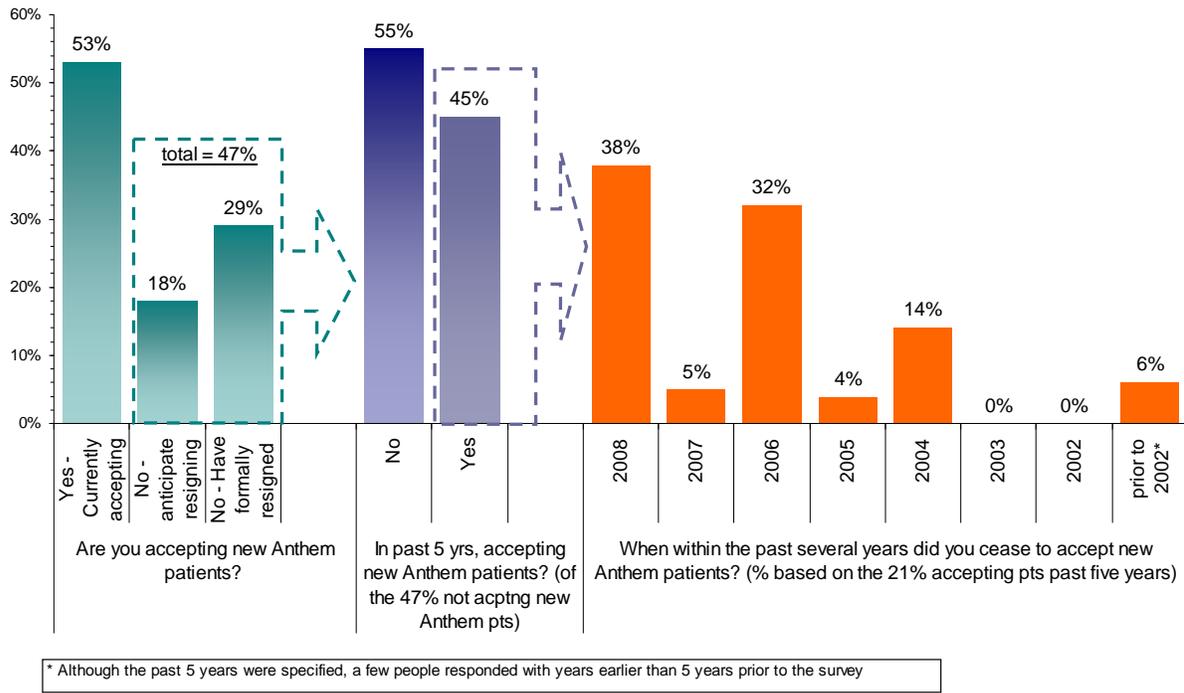
Resigned before rate change	47.6%	48.3%	40.2%
Resigned since rate change	2.2%	4.1%	7.1%
I am a provider, but plan to resign	0.0%	1.0%	2.8%
I am a provider today	50.2%	46.5%	49.9%

***Anthem status broken down by provider type, excluding those who have never been on the Anthem panel***

In Figure 14 we recompute the data used in Figure 13, excluding those who have never been on the Anthem panel, the differences appear more starkly. Of psychologists who have ever participated in the Anthem panel, 48.3% said they had already left the Anthem panel prior to the rate change, and another 4.1% since the rate change, with an additional 1% planning to resign. Thus, 59% of those psychologists who have at some time been involved with Anthem said they have resigned, plan to do so.

## **Figure 15 Anthem status and if and when it changed**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents who had ever been Anthem providers



### ***Accepting new Anthem patients***

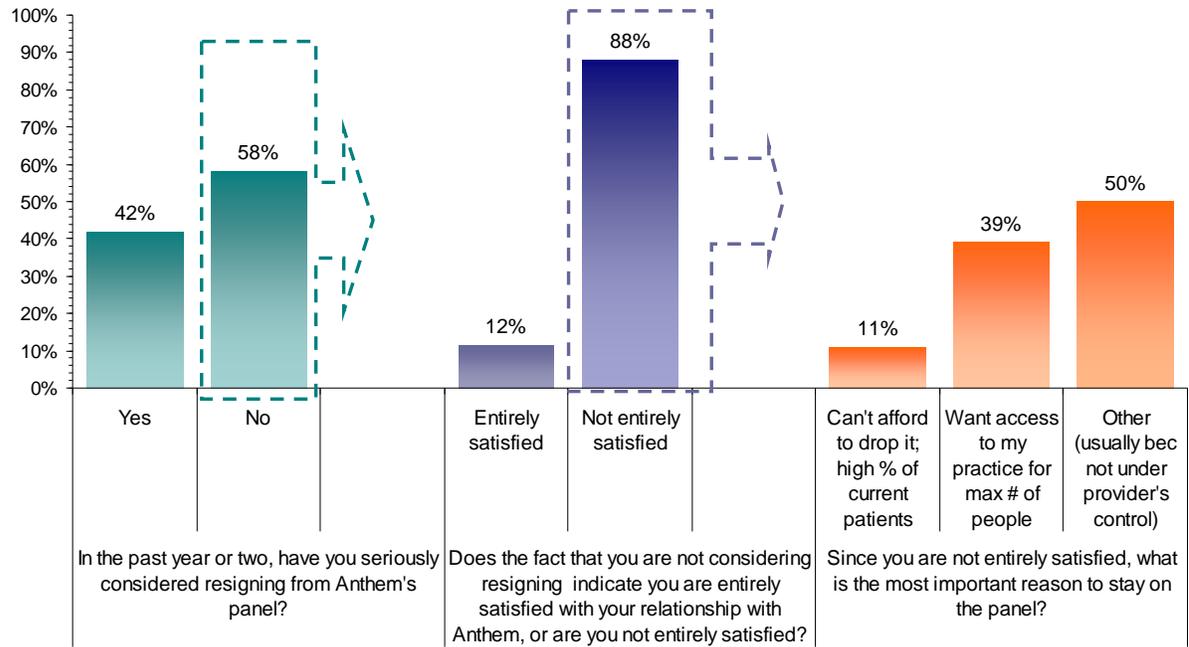
Respondents were asked their current Anthem status. (See Figure 15 above.) Of those who were ever Anthem providers, 53% said they are still accepting new Anthem patients, while 18% said they were not accepting new Anthem patients because they anticipate resigning. Finally, 29% said they were not accepting new Anthem patients because they had already formally resigned (not necessarily recently). Thus, 47% said they were no longer accepting Anthem patients.

Those who are not accepting new Anthem patients were asked whether in the past five years they had been accepting them. Forty-five percent (45%) said, “Yes” they were. This amounts to 21% of those who had ever said that they had accepted new Anthem patients within the past five years. Thus, 21% plus 53%, or 74% of those who have been on the Anthem panel are accepting new patients.

Those respondents who no longer accept new Anthem patients, but had done so within the past five years, were asked when within the past five years they had ceased accepting them. The orange bars at the right side of the chart above indicate their response as a percentage of all the 45% who said they had accepted new Anthem patients within the past five years. Notice that the largest portion falls in the period between 2006 and 2008 when approximately most of that sub-set of providers indicated they had ceased accepting new Anthem patients. This timing, of course, coincides with controversies surrounding the Anthem rate reductions.

## Figure 16 Satisfaction/dissatisfaction and the reasons not to resign

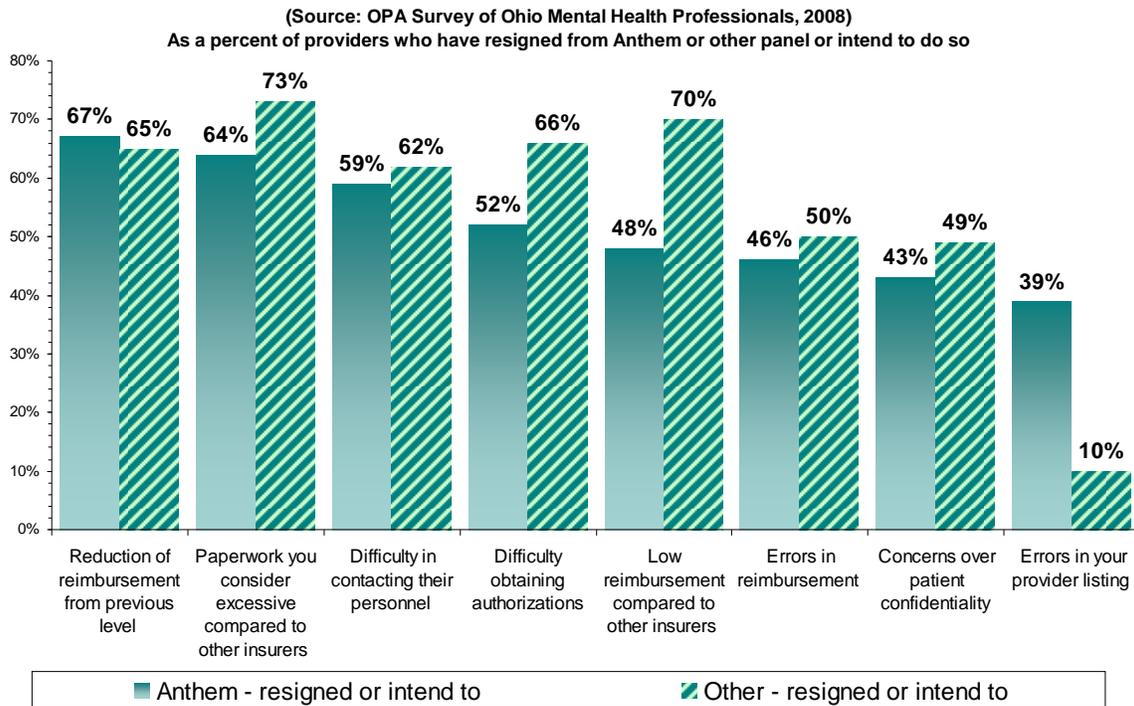
(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents currently on the Anthem panel



### ***Satisfaction/dissatisfaction and reasons not to resign***

Current Anthem providers were asked if they had seriously considered resigning in the past year or two. Forty-two percent (42%) said they had considered it, but more than half, 58%, said they had not seriously considered resignation. They were asked whether that meant they were entirely satisfied with Anthem. Overwhelmingly (88%) said, "No," they were less than "entirely satisfied." The reasons they gave for not seriously considering resignation included that they could not afford to resign, that they wanted to keep open access to the maximum number of patients, and that the decision was under the control of others and not theirs to make.

## Figure 17 Reasons for resignation among those who have resigned or intend to do so



### ***Reasons for resignations***

Those who have resigned or intend to resign from Anthem or other insurer were asked whether each of several conditions had been significant in their decision to resign. The responses are shown in descending order of the percentage of Anthem providers citing each reason.

The top three reasons each 55% or 56% citing the factor as a significant reason. These included reduction of reimbursement from previous levels, difficulty in contacting their personnel, and the difficulty in obtaining authorizations. In other words, for those who have resigned from Anthem, it is not only a matter of poor reimbursement, but a comprehensive set of concerns having to do both with reimbursement and the normal conduct of business in the mental health profession.

Resignations from other providers were not greatly different except in three cases, paperwork they consider excessive compared to other insurers, low reimbursement compared to other insurers, and errors in reimbursement. In each of those cases, those resigning from Anthem were much less likely to cite them as a reason.

We would caution that these results are based on small sub-samples. Only 36 respondents of the 208 said that they had resigned or intended to resign from Anthem, and only 50 resigned or intended to resign from other insurers. The highly representative nature of the sample gives us greater confidence that the results are accurate, however.

## ***Open-end question about reasons for ceasing to be an Anthem provider***

On the following two pages, Table 12 displays what respondents wrote when asked why they had ceased to be Anthem providers and Table 13 shows what they said when asked why they had ceased to be providers to patients from other insurers. Because the number of such people was small in the basic sample of 208, these comments were drawn from the total number of responses to the survey (1,031).

Notice that there were more comments concerning reimbursement than any other topic, but reimbursement was certainly not the only comment. Some comments were more mundane such as moving, or generally cutting back on the practice. Others were vehement denunciations of Anthem's service. Oddly, at least one respondent, who had indicated earlier in the survey that he was an Anthem provider, indicated here that he was not. Another indicated that he was not formally on the panel sees Anthem patients out of network.

Although responses vary, it is clear that reimbursement is the primary concern regardless of whether providers are leaving Anthem or other insurers.

**Table 12 List of reasons for ceasing to be to be an Anthem provider\***

<b>Type</b>	<b>What is the Main reason for ceasing to be to be an Anthem provider?</b>
LISW	were not a provider
LISW	To work at EAP
LISW	reimbursement rateas
LPCC	Would not pay
LPCC	they took me off panel when I recieved my PPC over PC
LPCC	They reduced reimbursement rates.
LPCC	not a provider, would accept if have OON benefits
Psychiatrist	treatment plans
Psychiatrist	Too difficult to obtain payment for services rendered.
Psychiatrist	They did not know service codes and were idiots...they have people who cannot do what I do making decisions
Psychiatrist	reinbursement
Psychiatrist	reimbursment
Psychiatrist	reimbursement
Psychiatrist	payment
Psychiatrist	never was a provider; MH clinic chooses panels
Psychiatrist	Moving out of the area
Psychiatrist	In general decreasing my practice.
Psychiatrist	i stopped belonging to all panels in 2003
Psychiatrist	fee and treatment plans thru Magellan
Psychiatrist	continued dropping of reimbursement rates without notifying me and limiting treatment plans
Psychiatrist	Absurdely low reimbursement and refusal to negotiate.
Psychologist	Unilateral decision by Anthem to reduce reimbursement
Psychologist	poor reimbursement and poor prof relationships with psychologists
Psychologist	Poor compensation, not treated as professional.
Psychologist	plans for retirement
Psychologist	Lowered reimbursement rates from already low rates.
Psychologist	low reimbursement rates
Psychologist	low reimbursement rate, lowest of all insurers.
Psychologist	low reimbursement
Psychologist	inadequate reimbursement
Psychologist	I was never on their panel, however I see Anthem clients out of network.
Psychologist	I was never on the panel at all.
Psychologist	I never joined this panel on the behavioral health side.
Psychologist	Department policy
Psychologist	Administrative hassles, non-responsive to tx requests

\*Note that the list above comes from the entire respondent base of 1,031, not just from the sample of 208

**Table 13 List of reasons for ceasing to be a provider for an insurer other than Anthem\***

<b>Type</b>	<b>What is the main reason for ceasing to be a provider for an insurer other than Anthem?</b>
LISW	stopped private practice
LISW	reimbursement rates
LISW	Poor reimbursement and very slow payment
LISW	poor reimbursement
LISW	panel asked to negotiate a rate
LISW	It took six months of me calling them to get them to pay me
LISW	EAP; hassle in getting reimbursed
LISW	difficulty in getting approvals for services
LISW	bureaucratic hassle. Not worth the reimbursement rate
LPCC	Taken off panel when licensure was increased to LPCC
LPCC	poor reimbursement and paperwork
LPCC	No paying
LPCC	financial reimbursement
LPCC	billing/reimbursement issues
Psychiatrist	would not accept central credentialing
Psychiatrist	unable to reach payment agreement
Psychiatrist	treatment plans
Psychiatrist	same--do not want to work for crooks
Psychiatrist	reimbursment
Psychiatrist	reimbursement was unreasonably inadequate.
Psychiatrist	reimbursement level
Psychiatrist	Reimbursement hassles.
Psychiatrist	reimbursement
Psychiatrist	problematic paperwork, precertification
Psychiatrist	poor reimbursement, excessive contact/paperwork necessary to do business with the insurer
Psychiatrist	paperwork, intrusion into confidentiality
Psychiatrist	Low reimbursement and paperwork and interference with treatment plans
Psychiatrist	low payment
Psychiatrist	entered private practice in 2003
Psychiatrist	diff with authorization and reimbursment
Psychiatrist	Decreasing size of my practice.
Psychiatrist	As I mentioned before, I resigned from all the panels when I left private practice. I am now a member of the panels as part of a community mental health center. Since these panels provide such low reimbursement we see few patients on the panels.
Psychologist	University Health Service policy
Psychologist	They required a relationship with a psychiatrist if there was a psychiatric emergency. There was no one in the area that I was comfortable working with.
Psychologist	They attempted to take over the running of my practice.
Psychologist	poor reimbursement rates
Psychologist	poor reimbursement
Psychologist	low reimbursement rate
Psychologist	low reimbursement rate
Psychologist	low payment rate
Psychologist	Intrusion of bureaucracy and one size fits all approach to treatment.
Psychologist	Dislike working with insurance companies
Psychologist	Did not get enough referrals from them, and, when they did refer, the payment was poor. Also, they refused to pay for a claim that they say they did not receive on time, even though it was sent within two months of date of service.
Psychologist	compensation too low
Psychologist	Although the reimbursement rate was higher than Anthem, it is still too low. I would rather work half time for full pay, than work full time for less than half pay.

\*Note that the list above comes from the entire respondent base of 1,031, not just from the sample of 208

**Table 14 Have those who left Anthem had difficulty transitioning their patients to new providers?**

<b>Have you or your Anthem patients had difficulties finding and transitioning to other in-panel therapists?</b>	
<b>Type</b>	<b>What sorts of difficulties?</b>
Psychologist	They would prefer the high quality offered in this office and did not wish to change due to their insurance restrictions.
Psychologist	The patients have told me that everyone they called was not taking new patients.
Psychiatrist	Providers listed in booklets as being in panel are sometimes dead, retired, quit Anthem/other, or say they aren't taking new patients. You call Anthem, and they won't tell you who is in panel "it's confidential". All the insurers pull this trick.
LPCC	Problem solving not available with health group
Psychologist	Patient unwilling to start with another therapist; lack of available new appointments with other therapists; having to travel longer distance to see another therapist
Psychiatrist	Panel lists have as much as 75% inaccurate listings of providers who are not even in town, alive, or accepting patients. Of those whose listings are accurate, less than half are accepting new patients.
LISW	Not offering single case agreements considering a therapeutic relationship
Psychiatrist	Not able to find in network people to refer to
Psychologist	Local Anthem providers aren't Accepting new patients.
Psychiatrist	listing is often inaccurate and providers are often too busy for new patients
Psychiatrist	Listed practitioners no longer in the network...sometimes not even in the city or dead.
Psychologist	inadequate number of providers, no providers who see young children,
Psychologist	I refer many children for therapy after conducting my neuropsychological evaluation. Many of their families have Anthem and cannot find a child psychologist still active on the panel to see them due to the reimbursement issues.
Psychologist	I continued to see many patients on an out-of-network or fee for service basis. New patients, after my resignation, would call and ask, "who is still seeing Anthem patients?" We didn't know anyone.
Psychiatrist	Finding providers with openings.
Psychologist	Finding a skilled provider that can see them within a reasonable time frame.
Psychologist	Few if any people to refer to.
Psychiatrist	Difficult if not impossible to find psychiatrists who provide both therapy and medication on the panel, especially for patients who need both monitored closely such as psychotic depression and bipolar. Often panel list is not accurate.
Psychologist	cannot find child/adolescent psychologists, or psychiatrists of any type
Psychiatrist	availability, most on panel are really not accepting new patients...

***Issues involving transfer of Anthem patients after resigning***

Those providers who had resigned from Anthem were asked if they or their patients had experienced difficulty finding other providers. Of those who resigned, 72% said, "Yes." Some of those who had resigned offered explanations that are listed in the table above.

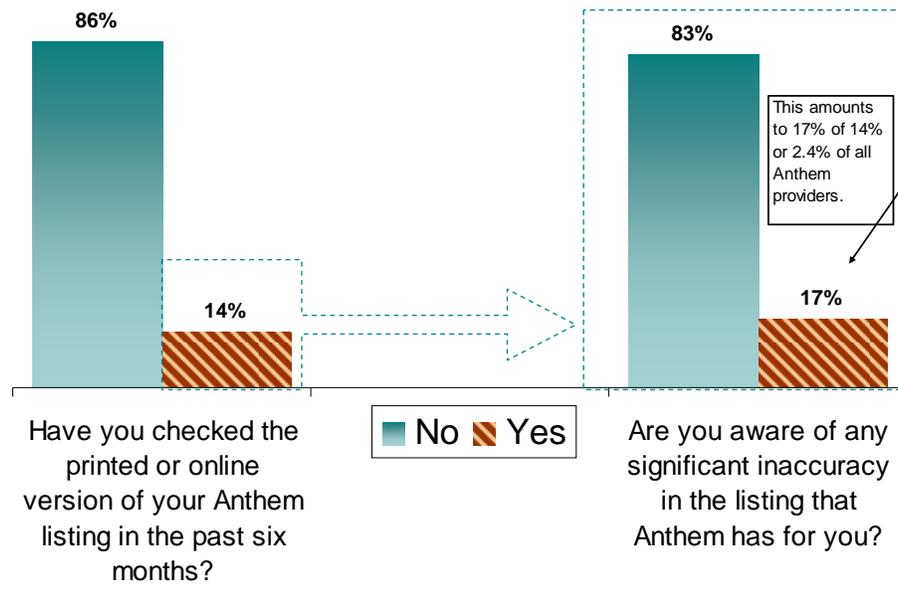
Several themes emerged from this list, including primarily that other Anthem providers were not accepting new patients. Another problem cited by several people was inaccurate listings in the directory of Anthem providers.

We shall see (Figure 16 on next page) that there is not much evidence that this is a widespread complaint, in part because few providers actually say they have checked their own listings. However, it appears that when they try to find referrals, the problem might emerge more often, and they might become aware more of errors in the listings of other than of errors in their own listing.

We would note, too, that the responses about difficulties in transferring patients came primarily from psychologists and psychiatrists, with only two social workers on the list. From the wording of the responses, it looks as if many of the problems occur because psychologists and psychiatrists were trying to find other psychologists or psychiatrists. Psychiatrists are few in number to begin with, and when resignations occur, the problem becomes more acute.

## Figure 18 Accuracy of the Anthem listings

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current Anthem providers and as a percent of those Anthem health providers who checked their listings



### Accuracy of listings

Because there was reason to believe that there might be substantial inaccuracy in the Anthem provider listings, respondents were asked whether they had checked the printed or online version of their Anthem listings in the past six months. A total of 14% of Anthem providers said they had done so. Apparently, most providers are willing to assume that their listings are accurate.

Those who said they had checked their listings were asked whether they were aware of any significant inaccuracy in the listing. Of those who had checked, 17% said that they were aware of an inaccuracy. This amounts to 2.4% of all Anthem providers. If Anthem's total of 2,683 providers is approximately correct, then only 64 providers have checked and know that their listing is inaccurate. On the other hand, if the 17% inaccuracy rate among those who checked also held among those who did not check, then the total would be more than 450 providers with inaccuracies.

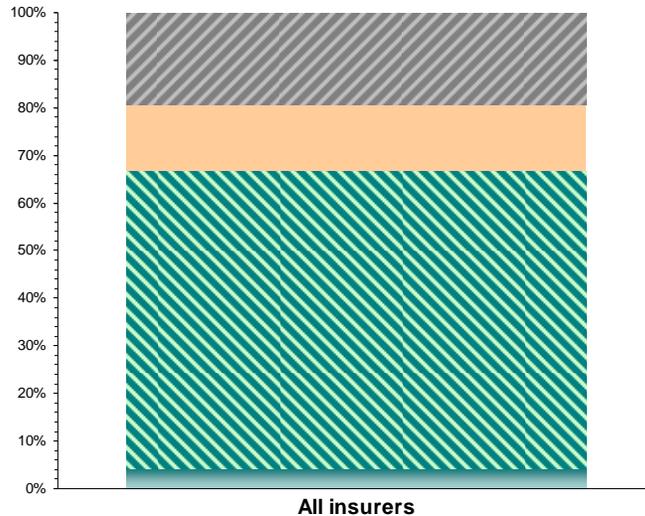
Moreover, the survey question concerned the providers' own listings. It might be that their primary contact with the directories is when they make referrals and thus find errors in the listings of others.

Because so few had checked their listings, we cannot be very sure of these results. It may well be that the problem is more widespread than the data indicate. Current data suggests that the problem is relatively minor. To further examine the accuracy of the provider list would require a relatively small test which could be conducted with a relatively small number of providers, checking their listings, then calling them to verify.

A follow-up set of questions was asked about the nature of the inaccuracy. However, the numbers of responses is so small that it cannot reasonably be reported here.

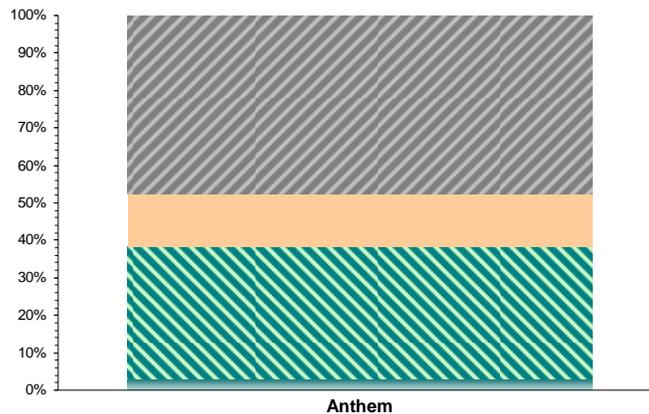
## Figure 19 Wait time for appointment

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all providers currently accepting new patients from one or more panels



Not sure	14%
Decreased	10%
Stayed about the same	45%
Increased	3%

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of current Anthem providers only



Not sure	47%
Wait time decreased more for Anthem than for other insurers	14%
Wait time for Anthem patients stayed about the same	35%
Wait time increased more for Anthem than other insurers	3%

### *Wait time in general and for new Anthem patients*

One issue in the profession is the matter of wait-times new patients must face. Overall, for all insurers only 3% providers said the wait times for new patients have increased, while 45% said they have stayed the same, and 10% said they have decreased.

It was thought possible that wait times would have increased more for Anthem than for other insurers. The reasons involved the perceived level of resignations from the Anthem panel,

which would make therapy hours more scarce, and thus wait times longer.

However, if this occurred, it was not widespread. Only 3% of Anthem providers said that wait time had increased more for Anthem than for other insurers, and 14% said it had decreased more for Anthem patients than for others. Almost half (47%) were not sure how Anthem wait times had changed.

***Estimated days a new patient needs to wait for an appointment***

The estimated elapsed time for a new non-emergency patient to get an appointment varies among insurers (in the providers' perception at least) within a range of only four days, with Medical Mutual at the low end (10 days) and Humana at the high end (14 days). The two tables below (Table 15 below and Table 16 on the following page) display the average mean) number of days a new, privately insured patient is estimate by the providers to have to wait until an appointment is open for them.

The estimate of the days to appointment is generic, and not specific to an insurer. It is based on this question: *“Currently, when a new patient with private insurance requests a routine, non-emergency, appointment with you during your regular office hours, approximately how many days or weeks will the wait usually be until the appointment they are offered?”*

Most providers serve on several panels. Thus the time estimates even when broken down by are quite generic. For example, a provider on the Humana panel and the Anthem panel will affect the results for both insurers because the “waiting” question was not asked separately for each insurer, but was asked generically for all insurers.

**Table 15 Days wait to appointment for a privately insured new patient**

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Days to wait for appointment for new insured client  
The insurer categories are not mutually exclusive.  
The time estimates are generic for all insured patients.

	Mean
Humana	14
Cigna	13
Aetna	13
UBH	13
Anthem	11
Medical Mutual	10

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The average for all types of providers affiliated with the several panels ranges only from ten to fourteen days. The mean wait among providers on the Anthem panel is 11 days, close to the minimum of 10 days (Medical Mutual). Keep in mind that these are estimates and apply to all patients in the practices, and not to only the specific insurer.

When we break the estimates down further, including provider type in the breakdown, we see clearly that the psychiatrists estimate by far the longest wait, ranging from 28 to 40 days. Psychologists are next with waits ranging from 14 (Anthem) to 24 days (Humana). Social workers, presumably because of their larger numbers, are the quickest to see a new patient. Their estimated times range only from 4 to 7 days.

**Table 16 Days wait to appointment for a privately insured new patient, by type of provider**

Days to wait for appointment for new insured client  
The insurer categories are not mutually exclusive.  
The time estimates are generic for all insured patients.

Mean days

	Social workers	Psychologists	Psychiatrists
Humana	6	24	40
Cigna	4	21	30
Aetna	6	16	39
UBH	7	17	32
Anthem	7	14	28
Medical Mutual	6	19	30

Overall, the social workers average a 4 day wait, psychologists a 13 day wait, and psychiatrists a 32 day wait.

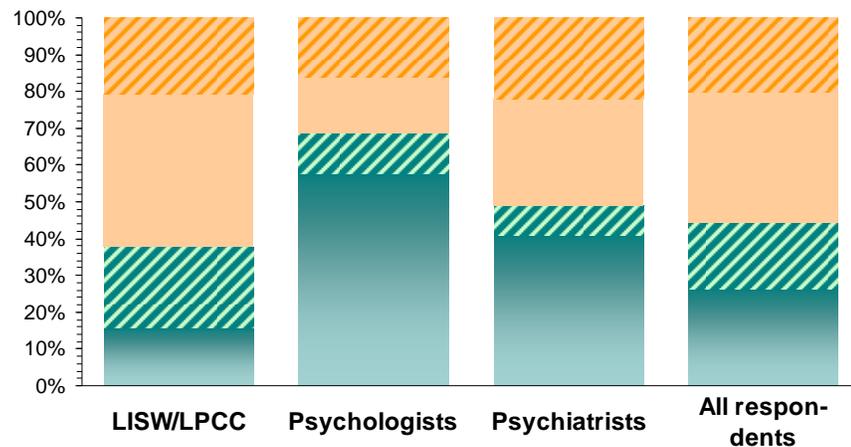
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## Practice Characteristics

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## Figure 20 Number of practitioners

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents



	LISW/LPCC	Psychologists	Psychiatrists	All respondents
More than 10 practitioners	21%	16%	22%	20%
4-10 practitioners	42%	15%	29%	35%
2 or 3 practitioners	22%	11%	8%	18%
Solo	16%	57%	41%	26%

### *The number of practitioners*

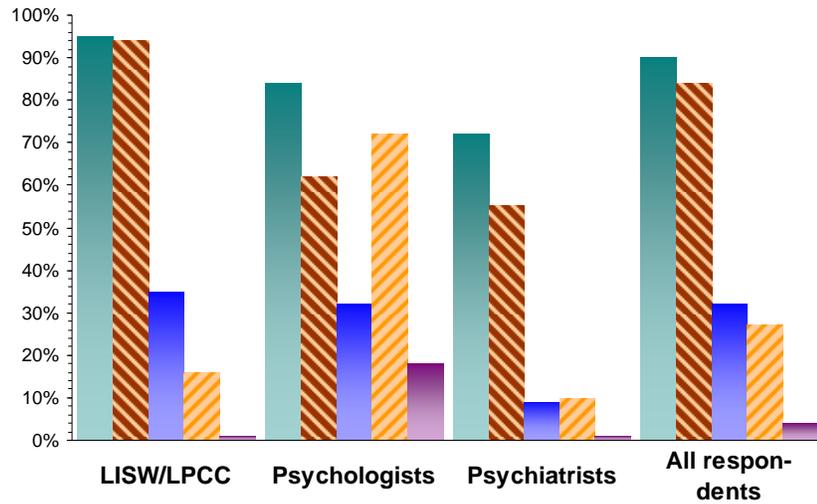
Among all respondents (see column at the far right in Figure 20 above) the most common practice size was between four and ten practitioners (35%), but approximately one-fourth operate solo practices (26%), or large practices of more than 10 practitioners (20%). Another 18% operating practices involving two or three practitioners.

Psychologists and psychiatrists are much more likely to operate solo practices than our other practitioners. While 57% of the psychologists and 41% of psychiatrists operate solo, only 16% of the social workers said that they operate solo practices.

## **Figure 21 Types of mental health services provided**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)

As a percent of all respondents



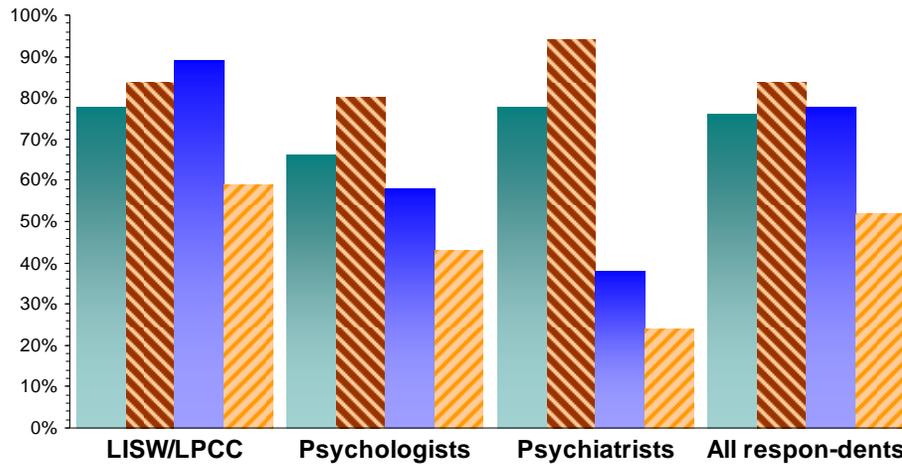
	LISW/LPCC	Psychologists	Psychiatrists	All respondents
■ Individual psychotherapy	95%	84%	72%	90%
■ Couple/family psychotherapy	94%	62%	55%	84%
■ Group psychotherapy	35%	32%	9%	32%
■ Other psychological testing	16%	72%	10%	27%
■ Neuropsychological testing	1%	18%	1%	4%

### ***Mental health services provided***

Among all respondents, 90% said they provide individual psychotherapy, and 84% said they provide couple or family psychotherapy. These are clearly the mainstays of the profession. Group psychotherapy was most common among the social workers (35%). Among psychologists, neuropsychological testing (18%) or other psychological testing were much more common (72%) than for other practitioners. For example, only 11% of psychiatrists said they provide psychological testing of either type.

## **Figure 22 Ages of patients served**

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents



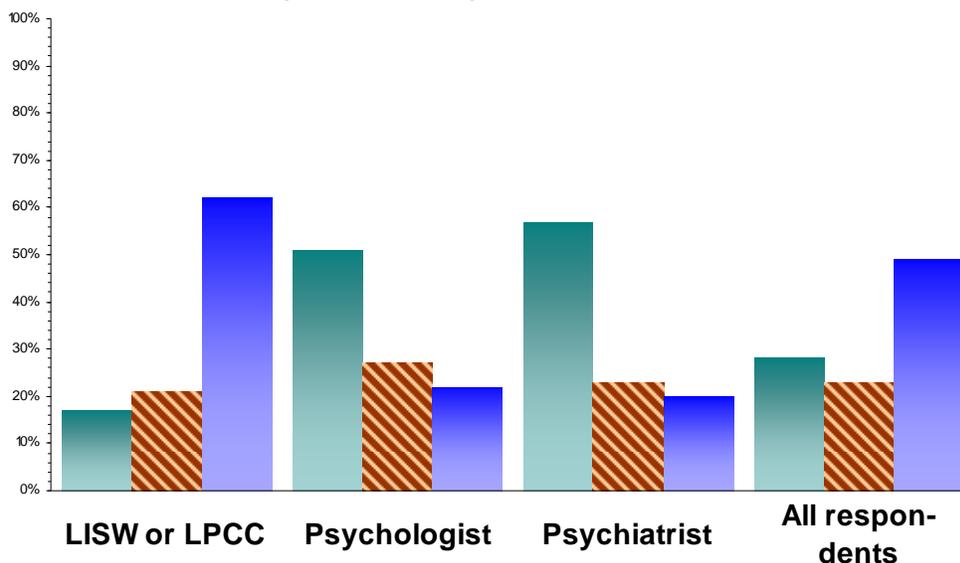
■ Adults 65 and older	78%	66%	78%	76%
■ Adults 18 - 64	84%	80%	94%	84%
■ Adolescents (12 - 17)	89%	58%	38%	78%
■ Children under 12	59%	43%	24%	52%

### ***The ages of patients served***

The great majority of providers serve adults 18 to 64 (84%), and most serve adults 65 and older (76%) and adolescents 12 through 17 (78%). (See Figure 22 above). Fewer, though still a majority, serve children under 12 (52%). Since we saw in the previous chart (Figure 21) that most providers serve families, this does not necessarily mean that these are specialists in pediatric mental health, but could mean simply that they do not exclude children from their practice.

## Figure 23 Year licensed

(Source: OPA Survey of Ohio Mental Health Professionals, 2008)  
As a percent of all respondents



	LISW or LPCC	Psychologist	Psychiatrist	All respondents
■ <= 1988	17%	51%	57%	28%
■ 1989 - 1998	21%	27%	23%	23%
■ 1999+	62%	22%	20%	49%

### *Year of licensing*

Among all respondents, roughly one-half (49%) said that they had been licensed in 1999 or more recently. Another 23% said they had been licensed between 1989 and 1998, and 28% noted that they had been licensed in 1988 or prior to that time.

These tendencies differ markedly between social workers and psychologists and psychiatrists. For example, among social workers, 62% said they were licensed in 1999 or later, 21% between 1989 in 1998, and 17% in 1988 or prior to that time. But among psychologists, only 22% had been licensed in or later than 1999, 27% between 1989 1998, and 51% in 1988 or prior to that time.

Psychiatrists were similar to psychologists, but were the most senior in terms of the year of licensing, with 57% having been licensed in 1988 or prior.

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## Summary and conclusions

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## ***Method***

Two types of data are analyzed in this report. First, a database of all licensed mental health providers in Ohio was prepared specifically for this study. It includes social workers, psychologists and psychiatrists. Second, a survey was conducted with a sample of those providers.

A sample was carefully selected from the database of 15,274 mental health providers. The sample was stratified to include all areas of the state and all types of providers. An online survey was completed by a scientifically selected set of 208 respondents.

Data from the online survey were weighted to correctly represent three aspects of the mental health providers: (1) the several types of providers who work in (2) various areas of Ohio and (3) those included and not-included in the Anthem panel list.

### ***The Ohio Mental Health Provider Database***

The mental health provider database was prepared as the basis for the sample survey but also proved valuable as a source of information independent of the survey responses. It is a unified database (archived as Excel and SPSS files) of more than 15,000 mental health providers in Ohio complete with all information provided by licensing boards and supplemented by additional information, where applicable, from OPA and Anthem.

In the current report analysis of the database has been limited to an examination of the proportions of the several types of mental health providers (i.e. social workers, psychologists and psychiatrists) who constitute mental health providers in Ohio. Further analysis can be performed with this database. For example, because it contains addresses, it could be used to map densities of mental health providers in relation to populations of Ohio's counties or cities. It can show the distribution of Anthem providers and OPA members.

As a long-term priority, it may be useful to update the database as providers change. It was prepared early in 2008 based on the most recent data at that time.

Analysis of the database demonstrated that 69% of Ohio's mental health providers are masters level providers, either licensed independent social workers (LISWs) (45%) or licensed professional clinical counselors (LPCCs) (24%), while 21% are psychologists, and 10% psychiatrists.

One focus of the database analysis was on Anthem.

- Of all Ohio mental health providers, 18% are included on the Anthem list provided for this study.
- While of all providers, 21% are psychologists, of Anthem providers, 32% are psychologists, and while 10% of all providers are psychiatrists, 16% of Anthem providers are psychiatrists. In other words, Anthem's panel is relatively heavy with psychology and psychiatry.

- Looked at from another perspective, 29% of all psychologists and 30% of all psychiatrists are on the Anthem panel.
- OPA members include only psychologists -- at the time of the study there were 1,214 OPA members. Of that number, 378, or 31% were listed by Anthem as providers at the time their list was prepared, while 836 were not so listed.
- To keep these numbers in perspective in discussing Anthem, it may be helpful to note that only 2.5% of all Ohio mental health providers are both Anthem providers and OPA members.
- The survey determined that the Anthem list provided for this study did not overstate, but instead, understated the size of the Anthem panel. Thus the question is why this could occur. There are several possible reasons:
  - The understatement may have been caused by the fact that the Anthem list was prepared several months prior to the survey. Thus, several survey respondents who were not included on Anthem's provider list provided for this study said they were Anthem providers. A subsequent check revealed that they were in fact listed on its website as providers. Thus some of the understatement results simply from timing differences.
  - They may have been on a different Anthem panel and not on the one for which we had a list. The list provided for this study was the "main panel" list but there are other lesser panels.
  - Others who said they were Anthem panelists, however, were *not* found either in the Anthem list provided for the study or on the website. If the respondents truly know they are seeing patients covered by Anthem, they may be seeing patients out-of-network.
  - Many mental health providers work in institutional settings and truly have little information about the insurance status of the patients they see. Thus they may have been mistaken about being on the panel.
  - Anthem may have removed them from the list without their knowledge. Anecdotal evidence (calls to OPA from Anthem providers) suggests that there may have been a number of such instances in recent months.
  - It is at least possible that Anthem understated its panel membership in the list provided for the study. However, the list was of the main Anthem panel, and the motive for limiting the listings in their main panel would be unclear since they are in the business of selling coverage to employers more than to patients themselves, and a large panel would appear to be an advantage for sales to employers. A business motive would more likely to overstate the panel size, and that does not appear to have occurred.

## ***The survey***

Analysis of the survey results (as opposed to the analysis of the database of mental health providers) revealed several important findings.

- Responses to both quantitative (multiple choice) and open-end questions reveal a level of frustration and even anger at the financial limitations and practice

control required for participation in insurance programs.

- It is important to emphasize that this frustration and anger is not directed at one insurer, but at the entire industry. Regardless of the insurer, the same disquiet applies to pre-authorizations, approval of treatment plans, lack of easy communications, and limited reimbursements.
- The frustration involves a power disequilibrium in which most mental health providers cannot avoid working with the insurers, but in which they are severely restricted in their earning capacity while at the same time are required to meet review requirements that either take their time or require overhead expenditures, or both.
- The verbatim comments of the providers about the insurers provide a unique industry-wide perspective on the perceptions of providers toward the insurance industry. The comments within the report and in Appendix B provide a vivid picture of a profession that is frustrated and even angry.

## Other findings

The survey provides a measure of the share of all mental health providers each major insurer enjoys. While the project was provided with a list of Anthem providers. It had no lists of providers on other panels, but relied on self-reports of survey respondents. Based on self-reports, Medical Mutual appears to have the largest share of all mental health providers in Ohio, with 36% saying they are currently providers compared to the companies with the smallest shares, Anthem and Cigna with 18% each.

One of the indicators of the tension between mental health providers and insurers is resignations. Of the mental health providers surveyed, a range of 22% (Medical Mutual) to 50% (Anthem) indicated they had resigned from one or another of the various panels at some time in the past (not necessarily since the Anthem rate change). The average of the percentages of those resigning is 31%.

More important, perhaps, for this study is the fact that there is no real difference among the insurers in the percent resigning since the Anthem rate change. The range is only from 3% (Anthem, Humana, Aetna) to 5% (UBH). Thus, although it was Anthem that changed rates, and undoubtedly (given the open end comments) created resentment and anger, it showed no higher rate of resignation than the other insurers since that time. This initially would seem to imply there may be a “normal” rate of provider attrition. Yet if that were true, then the total resignations should be roughly equal, assuming that all insurers have been in business for the same period of time. Unfortunately, we cannot answer this question with these results.

Respondents were also asked whether they had resigned because of dissatisfaction or for other reasons. The overwhelming response was that they resigned out of dissatisfaction and not because of moving or practice change or similar reasons.

## Oversight

Respondents rated the six major insurers for having “reasonable oversight” or “unreasonable interference” with treatment plans. Of the six major companies the study focused on, Humana and Aetna fared best on this, with 49% and 42% (respectively) rating their oversight as “reasonable.” Medical Mutual and Anthem fared worst with 32% and 24% (respectively) rating them as “reasonable” in this respect.

## ***Seeing more or fewer patients of an insurer***

In an attempt to understand and develop indicators of discontent among providers, it was thought that a change in the number of patients of each insurer providers were seeing would provide an indication. However, this proved to be a somewhat problematic indicator. There are at least three problems that limit the usefulness of the concept as a measure of discontent.

First, providers could be seeing more patients of a particular insurer because (they said in open end responses) other providers had resigned from a given panel, and that left them with more patients from that panel by default, not by choice. Second, a decision by one or more major employers to change employee insurance plans would also affect this response. Third, some of the institutional providers were somewhat vague on the matter of which insurers their patients rely on, and thus were unable to really answer the question.

Yet, in spite of these difficulties with the indicator, the fact of the reimbursement reduction by Anthem aroused so much resentment according to anecdotal evidence, suggested that those providers on the Anthem panel would be especially likely to report seeing fewer patients from that panel. In fact that is what the survey showed. Thus, the fact that of those Anthem providers able to answer the more/fewer question, 38% indicated they were seeing fewer Anthem patients than prior to the reimbursement, *may* indicate widespread unwillingness to accept new Anthem patients, especially since Anthem’s was the highest percent of any of the six insurers in this respect.

On the other hand, however, Anthem also had a high percent of providers (29%) now saying they were seeing *more* Anthem patients, second in this respect only to UBH, many of whose providers also said they were seeing *more* UBH patients. Thus the result appears to suggest that although the change in reimbursement rates was associated with a tendency of many Anthem providers to see fewer Anthem patients, almost as many Anthem providers were seeing more Anthem patients. This suggests that as the balloon was squeezed at one end (i.e. providers seeing fewer patients), a bulge was being created at the other end because the providers still seeing them had to see more.

## ***“Being more pleased” to accept a new patient***

Mental health providers are more pleased or less pleased to accept new patients from

the six major insurers. Aetna, with 40% saying they are relatively happy to accept a new Aetna patient was at the top of the list on this dimension, along with Medical Mutual (37%). There are two reasons for their success on this dimension.

Recall from the body of the report that Aetna was the second in “reasonable compensation” and best in oversight of treatment plans. Medical Mutual was best in reasonable compensation, though relatively low on the

scale of reasonableness of oversight. Compensation and oversight are clearly the two key reasons for mental health providers’ preference for their patients over those of other insurers.

Respondents were also asked on an open-end basis if there were any one insurer from which they were more pleased to accept new patients even if it were not among the six major insurers there was a very interesting and unexpected response. While the six majors received praise in the responses to this question, many respondents cited smaller insurers.

The most frequent mention was of AultCare, a relatively small, non-profit insurer located in Canton, Ohio. Comments about AultCare were so positive that it may be worthwhile for OPA to undertake a case-study. Positive comments were offered on reimbursement rates, speed of payment, communication, reasonable paperwork – in short a well balanced set of power and financial relationships between insurer and provider.

Although it was cited by more respondents than other insurers, other relatively small plans were also cited by others. These included OSU Primecare, Paramount, TriHealth and others. Several respondents mentioned Medicare in this context. Again, a case study approach of what sets these apart from the six major insurers could help create a best-practices model useful in advocacy.

In all cases, the essence of open-end comments about the plans from which they were happy to see new patients included adequate reimbursement rates, and “less hassle,” “good communication,” ease of obtaining authorizations, and “less paperwork.”

## **Anthem**

Although the insurance industry as a whole comes under criticism from the mental health providers, Anthem fared especially poorly compared to other insurers with respect to three key ratings:

- reputation for adequate reimbursement (fifth of six in terms of the percent rating it positively)
- oversight of treatment plans (sixth of six)
- being pleased to accept new patients (fourth of six).

Resignations from Anthem have been spread over time and not concentrated in the period since reimbursement changes. A total of 36% of all mental health providers have at one time or another been on the Anthem panel. However, 16.8% of all mental health providers said they had resigned from the Anthem panel, but had done so prior to the date of the reimbursement change. Another 1.3% of all mental health providers had resigned since the rate change. Another 17.6% said they are currently providers, and finally, .3% said they were still providers but intended to resign.

Resignations since the rate change were more common among psychologists and psychiatrists than among social workers:

- Of all mental health providers (including those who never were on the Anthem panel), 2.3% are psychologists who have resigned from Anthem since the rate change and another .6% said they plan to resign.
- Of all mental health providers, 4.4% are psychiatrists who have resigned from Anthem, and another 1.7% said they plan to resign.
- Nevertheless, although their rates of resignation are higher, 25.9% of psychologists are still on the panel, and 30.9% of the psychiatrists are still on it. These are very large shares.

All of this implies that *of those who have been Anthem providers at some time*, 46% have resigned prior to the rate change, 2.6% since the rate change, 1% plan to resign, and 49% are current providers with no plan to resign.

Taking it a step further, *of those who were on the Anthem panel at the time of the rate change*, 7% have resigned since the rate change, 2% plan to resign, and 91% are providers with no plan to resign<sup>5</sup>.

Furthermore, 42% said they have “seriously considered resigning from the Anthem panel in the past year or two.” Most of those who have *not* considered resigning (58%) were not suggesting they are entirely satisfied with Anthem. In fact, 88% of them said they were not entirely satisfied, and that they stayed on primarily because they could not financially afford the loss of patients, wanted to provide access to the maximum number of patients in need of service, or because the decision is not under their personal control because of the institutional structure within which they work.

For Anthem the top three dissatisfiers among those who have resigned or intend to resign are reduction of reimbursement, paperwork that is considered excessive, and difficulty in communicating with Anthem personnel. For others who have resigned or

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<sup>5</sup> We cannot quantify the rates for the other panels because the questionnaire length did not permit that line of questioning for all of them.

intend to resign, the top three dissatisfiers are paperwork they consider excessive, low reimbursement rates, and difficulties obtaining authorizations.

### ***To summarize***

The survey quantifies what anecdotal evidence had already suggested – that there is a great deal of anger and disgruntlement among mental health providers at the system of payment for their services, and at the types of oversight to which they are subject. Anthem is an object of special anger among many providers because of the reduction in reimbursement. It also is rated low on a number of other aspects of the provider relationship.

Anthem is, however, only among the worst of a bad lot according to the opinions of the providers surveyed. This is a profession that shows a level of anger and frustration with its patients' insurers and its own primary source of income that is extraordinary. Although CJI's studies of others professions (e.g. medicine, accounting) have shown certain amounts of professional frustration, the level among the mental health providers is extraordinary in comparison. A reading of the open-end responses respondents offered when asked for final comments (See page 94, Appendix B) is a must.

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## Appendix A: Survey instrument

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The on-screen version of the questionnaire follows. The numbering of the questions is odd and non-consecutive because of the way in which the online program cross-references data.

CJI - OPA Survey



**This is a study of how mental health providers in Ohio perceive coverage by major health insurers.**

**All providers are being included, including Psychologists, Psychiatrists, LISWs and LPCCs. For complete confidentiality, the data are being collected by a third party, CJI Research Corporation, under the auspices of the Ohio Psychological Association (OPA). The data will be used to help OPA understand the needs of all mental health providers vis-à-vis insurers in Ohio.**

**You are part of a small, scientifically representative sample. Your individual response will be very influential and is very important.**

**Neither OPA nor any other entity except CJI Research will know who responded or how they responded. A PIN number is used simply to know that only persons in the sample are responding and to provide you with a mechanism to re-enter the survey if you must pause before completing it. After data have been collected, all identifying information will be removed and destroyed. Only aggregated data will be reported to the OPA.**

**Thank you in advance for your time and participation.**

**Please enter your PIN to begin the survey.**

PIN \_\_\_\_\_

Capture Provider ID to associate with:

Q65 Please select your current practice.

- LISW
- LPCC
- Psychologist
- Psychiatrist

Q10\_1 In what year did you become licensed in your present capacity?

Year \_\_\_\_\_

Q19 How would you describe the number of practitioners in your practice?

- Solo
- 2 or 3 practitioners
- 4-10 practitioners
- More than 10 practitioners

Please indicate which of the following services you provide

	Yes	No
Q20_A_1 Neuropsychological testing	<input type="radio"/>	<input type="radio"/>
Q20_A_2 Other psychological testing	<input type="radio"/>	<input type="radio"/>
Q20_A_3 Individual psychotherapy	<input type="radio"/>	<input type="radio"/>
Q20_A_4 Couple/family psychotherapy	<input type="radio"/>	<input type="radio"/>
Q20_A_5 Group psychotherapy	<input type="radio"/>	<input type="radio"/>

What are the ages of new patients you will see?

	Yes, you accept new patients of this age	No, you do not accept new patients of this age
Q21_A_1 Children under 12	<input type="radio"/>	<input type="radio"/>
Q21_A_2 Adolescents (12 - 17)	<input type="radio"/>	<input type="radio"/>
Q21_A_3 Adults 18 - 64	<input type="radio"/>	<input type="radio"/>
Q21_A_4 Adults 65 and older	<input type="radio"/>	<input type="radio"/>

Q22 Do you accept insurance or only fee for service?

- Accept insurance only
- Accept fee for service only
- Accept both insurance and fee for service

Q23 Since 2003, have you ever accepted insurance?

- Yes
- No

Q23 Are you currently accepting new patients?

- Yes
- No

Q1 Currently, when a new patient with private insurance requests a routine, non-emergency, appointment with you during your regular office hours, approximately how many days or weeks will the wait usually be until the appointment they are offered?

- Days (How many days?) \_\_\_\_\_
- Weeks (How many weeks?) \_\_\_\_\_
- Months (How many months?) \_\_\_\_\_
- Not sure

Q25\_1 / Q9A Is there an office manager or similar person we could call after this interview who could answer that question? If so, who would that be?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there also an e-mail address where we could contact this person?

Email \_\_\_\_\_

**Now, please continue with this survey since there are important questions you will be able to answer. Thanks!**

Which best describes your relationship with each insurer?

	I am a provider today	Was a provider but left this panel between Jan 1, 2005 and the present time	Was a provider but left this panel prior to 2005	Was never a provider on this panel
Q3_a_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3_a_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3_a_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3_a_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3_a_5 Medical Mutual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3_a_6 United Behavioral Health (UBH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which best describes your relationship with each insurer?

	I am a provider today	Was a provider but left this panel between Jan 1, 2006 and the present time	Was a provider but left this panel prior to 2006	Was never a provider on this panel
Q12_A_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12_A_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12_A_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12_A_5 Medical Mutual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12_A_6 United Behavioral Health (UBH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 You indicated that you left the **Aetna** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q29 You indicated that you left the **Anthem Blue Cross/Blue Shield** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q32 You indicated that you left the **Cigna** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q33 You indicated that you left the **Humana** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q34 You indicated that you left the **Medical Mutual** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q35 You indicated that you left the **United Behavioral Health (UBH)** panel fairly recently. Did you resign because you were dissatisfied with that insurer or did you simply leave for other reasons, such as that you were moving or changing practices?

- Resigned because you were dissatisfied
- Left the panel mainly for other reasons

Q51\_A If, in the past five years, you have ever been in a panel of the following insurance companies, please answer the following question. (If you are not on a panel shown, please leave it blank or click on N/A)  
Please rate the following on their oversight of treatment plans:

	1	2	3	4	5	6	7	N/A
	Unreasonable interference with treatment plans						Reasonable oversight of treatment plans	
Q51_A_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q51_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q51_A_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q51_A_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q51_A_5 Medical Mutual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q51_A_6 United Behavioral Health (UBH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to 2006, and apart from short-term random fluctuations, are you tending to see more, the same, or fewer patients covered by each of the following?

	More	Same	Fewer	Not sure	N/A
Q50_A_1 Aetna	<input type="radio"/>				
Q50_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>				
Q50_A_3 Cigna	<input type="radio"/>				
Q50_A_4 Humana	<input type="radio"/>				
Q50_A_5 Medical Mutual	<input type="radio"/>				
Q50_A_6 United Behavioral Health (UBH)	<input type="radio"/>				

Q47 Do you have any comment on this matter?

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Compared to 2005, and apart from short-term random fluctuations are you tending to see more, the same, or fewer patients covered by each of the following?

	More	Same	Fewer	Not sure	N/A
Q48_A_1 Aetna	<input type="radio"/>				
Q48_A_1 Anthem Blue Cross/Blue Shield	<input type="radio"/>				
Q48_A_1 Cigna	<input type="radio"/>				
Q48_A_1 Humana	<input type="radio"/>				
Q48_A_1 Medical Mutual	<input type="radio"/>				
Q48_A_1 United Behavioral Health (UBH)	<input type="radio"/>				

Q55 Do you have any comment on this matter?

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**Level of reimbursement**

If 100% of your patients were covered by only this insurer, would the reimbursement level it provides enable you to operate your practice in a way that met your need for salary, office space, and current staff to fully serve your patients?

	Yes, it would be entirely adequate	Yes, but it would meet the practice needs only in a minimal way	Reimbursement would not be adequate to maintain professional salary and overhead to meet patient needs	I do not know enough about this panel to respond
Q52_A_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q52_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q52_A_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q52_A_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q52_A_5 Medical Mutual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q52_A_6 United Behavioral Health (UBH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 Is the compensation provided by any of these insurers currently so inadequate that you would consider (or have already considered) no longer accepting new patients from them?

- Yes
- No

Whether or not you are on each panel, how would you describe the compensation of each of the following?

	Compensation is too inadequate for me to accept patients from this insurer.	Compensation is so inadequate I would consider dropping from this panel	Compensation is quite adequate	Not enough information to respond
Q54_A_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q54_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q54_A_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q54_A_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q54_A_5 Medical Mutual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q54_A_6 United Behavioral Health (UBH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Even if people are on a panel, they sometimes are more pleased to accept a new patient covered by some insurance companies than others for various reasons such as paperwork, reimbursement rates, or other factors.

	More pleased to accept	Accept because on panel, but not especially pleased to do so	Not sure	N/A
Q57_A_1 Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q57_A_2 Anthem Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q57_A_3 Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q57_A_4 Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q57_A_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical  
Mutual  
Q57\_A\_6  
United  
Behavioral  
Health  
(UBH)

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- 
- 
- 

Q58 Is there any other insurance company whose patients you prefer to work with?

- Yes (please specify)

Q58SPECIFIED\_1 \_\_\_\_\_

- No

Q59 Why?

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Q60 Comments:

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Q61 The next few questions will involve Anthem Blue Cross/Blue Shield. At the risk of being redundant we need to confirm the following regarding Anthem: What is your current Anthem status?

- Currently accepting new patients when appointments are available
- Have formally resigned
- Not accepting new Anthem patients in anticipation of resigning

Q62 Within the past five years, were you ever accepting new Anthem patients?

- Yes
- No

Q63 When within the past several years did you cease to accept new Anthem patients?

- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- prior to 2002

Q4\_1 What is the main reason for ceasing to be to be an Anthem provider?

Main Reason \_\_\_\_\_

Q64 Which, if any, items on the list below are your reasons for ceasing to accept new Anthem patients?

	Yes this was a significant reason	No this was not a significant reason
Q64_A_1 Paperwork you consider excessive compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q64_A_2 Errors in reimbursement	<input type="radio"/>	<input type="radio"/>
Q64_A_3 Reduction of reimbursement from previous level	<input type="radio"/>	<input type="radio"/>
Q64_A_4 Low reimbursement compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q64_A_5 Difficulty in contacting their personnel	<input type="radio"/>	<input type="radio"/>
Q64_A_6 Difficulty in obtaining authorizations	<input type="radio"/>	<input type="radio"/>
Q64_A_7 Concerns over patient confidentiality	<input type="radio"/>	<input type="radio"/>
Q64_A_8 Errors in your provider listing	<input type="radio"/>	<input type="radio"/>

Q5 Is there any other reason for not accepting new patients from this insurer?

Yes

Q5SPECIFIED\_1 (please specify) \_\_\_\_\_

No

Q7 Have you or your Anthem patients had difficulties finding and transitioning to other in-panel therapists?

Yes

No

Q30 What sorts of difficulties?

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Q49 Again we have to ask a question that is slightly redundant: Have you formally resigned from or ceased accepting new patients from any panel OTHER THAN Anthem Blue Cross/Blue Shield in the past five years for reasons other than having moved to a different city or state?

Yes - resigned

Yes - ceased accepting new patients

No

Q8\_1 Considering only the panel other than Anthem from which you resigned or stopped accepting new patients most recently, what was the main reason?

Main Reason \_\_\_\_\_

Q31 Which, if any, items on the list below were also reasons for which you ceased accepting new patients from that panel?

	Yes this was a significant reason	No this was not a significant reason
Q31_A_1 Paperwork you consider excessive compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q31_A_2 Errors in reimbursement	<input type="radio"/>	<input type="radio"/>
Q31_A_3 Reduction of reimbursement from previous level	<input type="radio"/>	<input type="radio"/>
Q31_A_4 Low reimbursement compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q31_A_5 Difficulty in contacting their personnel	<input type="radio"/>	<input type="radio"/>
Q31_A_6 Difficulty in obtaining authorizations	<input type="radio"/>	<input type="radio"/>
Q31_A_7 Concerns over patient confidentiality	<input type="radio"/>	<input type="radio"/>
Q31_A_8 Errors in your provider listing	<input type="radio"/>	<input type="radio"/>

Q9 Was there any other major reason you ceased accepting new patients in that case?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q36 Have you checked the printed or online version of your Anthem listing in the past six months?

- Yes
- No

Q37 Are you aware of any significant inaccuracy in the listing that Anthem has for you?

- Yes
- No

What is accurate and what is inaccurate in your current Anthem listing?

	This is accurate in my Anthem listing	This is not accurate in my Anthem listing	Not sure
Q38_A_1 Practice contact information (address, phone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38_A_2 The name of the group or other entity where you practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38_A_3 Specialties (individual, group, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38_A_4 Types of patients you see (children, adolescents, adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11\_1 If there is any other inaccuracy in your Anthem listing, would you describe it?

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Q39 In general, regardless of who insures them, has the wait time for new patients to obtain an appointment with you significantly decreased, stayed about the same, or significantly increased since 2006?

- Increased
- Stayed about the same
- Decreased
- Not sure

Q40 Has the wait time for new patients covered by Anthem to obtain an appointment with you decreased, or increased more, less, or the same as for other insurers?

- Wait time increased more for Anthem than other insurers
- Wait time stayed about the same
- Wait time decreased more for Anthem than for other insurers
- Not sure

Q41 In general, regardless who insures them, has the wait time for new patients to obtain an appointment with you significantly decreased, stayed about the same, or significantly increased since 2005?

- Increased
- Stayed about the same
- Decreased
- Not sure

Q42 Has the wait time for new patients covered by Anthem to obtain an appointment with you decreased, or increased more, less, or the same as for other insurers?

- Wait time increased more for Anthem than other insurers
- Wait time stayed about the same
- Wait time decreased more for Anthem than for other insurers
- Not sure

Q28 In the past year or two, have you seriously considered resigning from Anthem's panel?

- Yes
- No

Q17 Does that indicate you are entirely satisfied with your relationship with Anthem, or are you not entirely satisfied?

- Entirely satisfied
- Not entirely satisfied

Q43 If you are not entirely satisfied, what is the most important reason to stay on the panel?

- Can't afford to drop it because a high proportion of current clients are covered by Anthem
- Want to maintain access to my practice for maximum number of people even if there are problems with a giver insurer
- Other (Please tell us what that reason is):

Q43\_SPECIFIED \_\_\_\_\_

Which, if any, of the following have been significant enough to you that you considered resigning from the Anthem panel?

	Yes	No
Q13_A_1 Paperwork you consider excessive compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q13_A_2 Errors in reimbursement	<input type="radio"/>	<input type="radio"/>
Q13_A_3 Reduction of reimbursement from previous level	<input type="radio"/>	<input type="radio"/>
Q13_A_4 Low reimbursement compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q13_A_5 Difficulty in contacting their personnel	<input type="radio"/>	<input type="radio"/>
Q13_A_6 Difficulty in obtaining authorizations	<input type="radio"/>	<input type="radio"/>
Q13_A_7 Concerns over patient confidentiality	<input type="radio"/>	<input type="radio"/>
Q13_A_8 Errors in your provider listing	<input type="radio"/>	<input type="radio"/>

Q6\_1 Have there been any other reasons significant enough to you that you considered resigning from the Anthem panel

Other (Please specify) \_\_\_\_\_

Q16 In the past year or two, have you seriously considered resigning from a panel OTHER THAN Anthem Blue Cross/Blue Shield?

- Yes
- No

Q45 Again we have to ask a question that is slightly redundant: Have you formally resigned from or ceased accepting new patients from any panel OTHER THAN Anthem Blue Cross/Blue Shield in the past five years for reasons other than having moved to a different city or state?

- Yes - resigned
- Yes - ceased accepting new patients
- No

Q18 Does that indicate you are entirely satisfied with your relationship with those insurers, or are there other reasons to stay on all panels?

- Entirely satisfied with them
- Other reasons

Q44 What are those reasons?

- High percentage of your current patients use this insurance
- Other reason:

Q44SPECIFIED\_2 \_\_\_\_\_

Which, if any, of the following have been significant enough to you that you considered resigning from the panel other than Anthem that provides a significant number of referrals to you?

	Yes	No
Q14_A_1 Paperwork you consider excessive compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q14_A_2 Errors in reimbursement	<input type="radio"/>	<input type="radio"/>
Q14_A_3 Reduction of reimbursement from previous level	<input type="radio"/>	<input type="radio"/>
Q14_A_4 Low reimbursement compared to other insurers	<input type="radio"/>	<input type="radio"/>
Q14_A_5 Difficulty in contacting their personnel	<input type="radio"/>	<input type="radio"/>
Q14_A_6 Difficulty in obtaining authorizations	<input type="radio"/>	<input type="radio"/>
Q14_A_7 Concerns over patient confidentiality	<input type="radio"/>	<input type="radio"/>
Q14_A_8 Errors in your provider listing	<input type="radio"/>	<input type="radio"/>

Q46 Have there been any other reasons significant enough to you that you considered resigning that the panel other than Anthem that provides a significant number of referrals to you

- Other (Please specify)

Q46SPECIFIED\_1 \_\_\_\_\_

Q15 Do you have any other comments to offer about dealing with insurance companies that cover your patients?

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## Appendix B: Final comments

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**Table 17 Final comments**

**Do you have any other comments to offer about dealing with insurance companies that cover your patients?**

LISW	1. There is truly no parity in mental health care and many people do not get treatment b/c of limited mental health benefits. 2. Insurance companies can dictate the prices they will pay to privately owned businesses for services. Is there any other industry that is allowed to tell the provider what they will pay for their service? I would rather see patients on a sliding fee scale on my terms than have an outside entity tell me what my services, time and expertise are worth. 3. The increasing and incredulous salaries and bonuses of Anthem execs should be addressed at the expense of cutting reimbursement rates to providers and benefits for consumers. Wellpoint and their executives continue to profit, while small businesses/private practitioners and the patients suffer. I resigned from Anthem over a year ago and it was the best decision I have made since I started private practice. Thank you for doing this survey.
Psychologist	Accepting insurance became too costly in terms of clerical time to file/chase reimbursement. Reimbursement amount is insufficient--currently approx the same \$ I collected when I started in 1981--prior to MCOs. I'm done with insurance.
Psychologist	After the initial application for credentialing, the wait time to b/c a provider is usually at least 6 months. Sometimes you are not even told and find out when you call to inquire about your status. There needs to be a more efficient and quicker way to get on panels.
LISW	Again, most insurance companies and their employees do not seem to care or understand the needs of those they insure. Their behavior is such that we assume their only interest is in reducing the amount they pay for claims rather than provide a needed health service.
Psychologist	An unnecessary evil that I am thinking of doing away with. The dilemma is that I want to be able to provide services to people who would otherwise not have availability if they had to pay more than their co-pay.
Psychologist	Anthem does not consistently process claims in same way. I bill w/ paper cms 1500, computer prints same form, 1 month it's paid, next month it isn't. Call & maybe they say, just resubmit in same way, or try adding or taking away this letter on cl's id #. Seems always trying to figure out their system. Not a problem w/ any other ins co.
LPCC	Anthem has been very difficult to get on panel. The staff has been hard to reach and on two occasions, they were very rude and unhelpful. I have several referral sources that use Anthem, and those sources have requested that I become on the panel, but without success - due to Anthem.
LPCC	Anthem has certainly been the least ethical.
Psychologist	Anthem is by far the worst company with: low rates of payment, errors in processing, worst phone contacts to correct misprocessed claims. Their recent increase in UCR is so low, that it doesn't make up for their reduction which occurred yrs ago.
Psychologist	Anthem makes multiple errors, has quite low reimbursement rates, and often requires a pre-cert.
LISW	Anthem Med Mutual do not provide online claims entry which makes  Claims more onerous and longer to receive. All my managed care companies

pay too little.

- LISW Anthem's paperwork level is decent. The EAP has a little more paperwork than some EAPs. But is not nearly as oppressive as some.
- Psychologist arbitrary limits on sessions
- LISW As a non profit agency, I am not involved with the financial aspect of collecting fees. However, If a potential client calls and asks for service, I need to determine if they have insurance that they are not in an HMO.
- Psychiatrist As a solo practitioner, I have decided that the only way to succeed is to have patients pay at the time of service and let the insurance companies reimburse the patient. Until the lay public is aware of the criminal behavior of health insurance companies, nothing will change.
- LPCC As an LPCC very frustrating that reimbursement rates are significantly less than those of other similar professionals in field.
- Psychologist As I mentioned previously, I am a relatively new "private practice" psychologist and have experienced a great deal of frustration and disappointment thus far in private practice. I have been told by those who have been in private practice for several years to "hang in there, it will get better". However it is difficult to be where I am developmentally and be earning no money. I made the decision to be a psychologist for all the right reasons and I did not anticipate the difficulties that I currently experience trying to establish myself as a psychologist within my community. The insurance and reimbursement issues including getting on panels was new to me. I wish I had been more prepared for the realities of doing mental health care in the state of Ohio with the insurers that cover a large part of the population. As a stated previously, I love working with people as a licensed psychologist and I "know" this is the best place I can be, I just need to figure out how to actually earn a living as a professional
- Psychologist As I mentioned, I resent dealing with them. Many patients deserve efficient access to my service but they are not able to afford it. I feel really badly about the insurance company's interference.
- Psychologist At some point the survey appears to have become confused. The questions regarding my resignation from Anthem were really not applicable, since I never was an Anthem provider. Of the insurers you named I am currently an Aetna provider, and I resigned from UBH. I never belonged to any of the other panels. I apologize if I inadvertently provided an answer which confused the situation, but I could not find a way to go back and edit the survey.
- LISW Authorizations of specific codes granted without rationale considering the presenting problem by the client. Lack of education/understanding on behalf of the case manager?????
- Psychologist Bank St. wanted to charge me \$250 for the honor of applying to be a provider and I declined. Molina lists me as a provider but clients don't know about Bank St.
- LPCC Because it is so difficult to get authorizations and trouble shoot non payment I have had to extend my secretary's work hours.
- Psychologist Besides low pay, claim errors are a nightmare as are their feeble efforts to resolve problems. They say they'll fix it and they don't. Many repeated contacts. A huge waste of time.
- LISW Believe me if I could get away with not using them I would. The level of reimbursement is so low I have considered just not working. It gets me very perturbed to say the least!
- Psychiatrist Buckeye Medicaid is horrendous-offers abysmal reimbursement rates while requiring excessive prior authorizations which are eventually denies for reasons that contradict printed formulary and coverage information.

Psychologist Buckeye (Cenpatico) and CareSource require lengthy treatment plans and reimburse at a low rate. Buckeye requires an additional contract with in-network providers for "ABD" Medicaid clients (versus traditional Medicaid clients), which is very confusing.

Of course, Medicaid and Medicare reimburse at ridiculously low rates, and clients who are covered by Medicaid and Medicare are often the ones who require the most casework.

In general, it is becoming increasingly difficult to practice in the current managed care environment, due to monetary and clinical/practical factors. I recently calculated that the average hourly fee I receive is only slightly higher than the fee I charged (and received) when I began practice in 1985, while the time required for documentation and paperwork has astronomically increased. Considering that costs to run a practice (and to live) have dramatically increased since 1985, I feel that I am working twice the hours for half the income.

LPCC calling an insurance co. to correct a billing error is nerve racking b/c of all the prompts...at times I have been on the phone for 30 min. or more without ever being able to talk to a human being and sometimes I have to start over. The background music while on hold is terrible and hard to listen to primarily because telephones don't have good speakers for music transmission. My biggest complaint is all around provider services.

Psychologist Chief complaint: low reimbursement rates to providers, scandalously HIGH compensation to executives, millions \$ for glitzy marketing and flashy facilities, and escalating premiums.

LPCC Concerned about the inadequacy of people providing authorizations for my work

LPCC Consumers should be able to see the provider of their choice without going through an insurance panel for approval.

LPCC continual excuses to deny reimbursement

Psychologist Co-pays are too high. Deductibles are too high. Fees for providers are too low and do not reflect increase in cost of living and expenses.

Psychiatrist Corp Health is the most noxious agency to deal with. I find them disrespectful and unreasonable. They will not accept treatment plans after 12 sessions and require a phone call which is redundant. They are also inflexible about scheduling it so that I have had to cancel a patient hour to make their time. I will no longer cooperate with their percent of out patient sessions if they do not accept the treatment plan. I resigned from the panel and am out of net work. My patients will just have to deal with it if they refuse to pay.

Psychologist Dealing with insurance companies is becoming increasingly difficult both for providers and consumers. I'm concerned that the best care is going only to those who can afford to pay out of pocket or higher deductibles/co pays to use their out of network benefits. I am also very concerned that I will not be able to continue to make a living in private practice because the reimbursement rates the major companies pay do not cover overhead and allow you anything to take home.

LPCC Difficulty getting onto Insurance Panels - so much paperwork, length of time to be approved, not paying when benefits have been confirmed

Psychologist Do not receive Cost of living increases in payment despite patients premiums constantly go up and staff working for insurance companies get their COL increases.

Psychologist Don't like the UBH new "Wellness Assessments". Too intrusive for patients

Psychiatrist	Drug formulary issues with MOST insurance companies has become the most time-consuming and frustrating part of psychiatric practice in the past year. About 1/3-1/2 of ALL new prescriptions written, result in a callback to me. Often preauthorization's are required, extensive treatment histories need to be sent in-explaining dates and doses of all previously tried "alternatives" that may be cheaper. It's like doing the same appointment ALL OVER AGAIN the next day, without getting paid a dime.
LISW	Easy access to a representative instead of being, bounced from one representative to another. (Especially Anthem)
LISW	Errors; inadequate compensation, especially in comparison to other professionals, excessive documentation requirements, excessive credentialing requirements,
Psychologist	Even with mild inflation, if fees continue to remain the same for decades, eventually it will no longer be possible to stay in business and continue to be a provider in any panels.
LPCC	Federal employees have automatic coverage for initial session. Have argued w/Anthem to pay claim for 90801, due to lack of authorization #; for those 90801 sessions, sometimes Anthem has paid and other times it has not.
Psychologist	Fee for service, even if fewer patients, allows for more privacy and flexibility in treatment, and more invested patients.
LPCC	Generally, due to the increasingly low reimbursement rates, constantly more convoluted, time consuming authorization processes, self-payment at time of service options has been a goal. On the global scale, we need universal, non-private health insurance coverage in the USA. Unfortunately, we now talk about "universal" health care plans, but still incorporating private insurance companies. A dead end to be sure!
Psychologist	Generally, reimbursement rates are so low that I am seriously considering going entirely private pay. This would also enable me to stop using a billing service and provide more confidentiality for my clients.
LISW	Getting claims paid is difficult and time consuming and costly. Reasons for denial are often not clear and require a phone call.
Psychologist	Glad you are collecting data. Hope it helps
LPCC	Hard to make a living in private practice with such low reimbursement rates for the insurance companies
Psychologist	Having the most difficulty with Medicare. I do not accept Medicaid. Accept some Workers Compensation cases.
LISW	Health Insurance companies are businesses. If I make a decision to do business with them, I agree to meet their expectations for reimbursement. If for any reason the rules change along the way and I agree to practice under them it is my responsibility to adapt and not the insurance business. However, what is most frustrating is not that I think the insurance companies are dishonest but rather the truth seems to change much too frequently when dealing with most of those folks in cubicles wearing headsets.
LISW	I also left MHN, because they wanted copies of the entire record before providing reimbursement, which directly violates patient confidentiality
LPCC	I am a provider for Cigna, yet there are sections of Cigna that do not list me as a provider, so some clients are told I am "out of network" and when I applied to Cigna regarding these sections, I was told they had enough providers in my area, yet I AM a Cigna provider. Very confusing to me, so definitely for my clients.
Psychologist	I am a specialist who is frustrated by justifying needed care to an insurance co. employee who doesn't know anything about my specialty area. Humana and UBH are the ones that are most problematic in this way and by requesting the most confidential information. Med Mutual, UBH, and Cigna refuse to negotiate rates despite that lack of an increase since I've been licensed (2000). I will no

longer accept their patients, feeling as though I will likely drop off some time in the near future.

- LPC  
Psychologist  
I am concerned with the high volume of insurance companies saying they have received duplicate copies of a bill and may not be paying. I am highly upset with UBH's availability by phone & Cigna's irresponsibility  
I am currently not taking patients unless they are using in network or fee for service to pay me. It is unfortunate that insurance companies do not see the value to cover mental health benefits at a reasonable rate so providers would be encouraged to see their patients. Because of my level of professionalism, results patients have in treatment with me, and some of my areas of expertise, I have a waiting list of people who will pay full fee. Why would I accept what managed care companies choose to tell me what I am worth when I know my value to patients who come to me for treatment.
- LISW  
Psychologist  
I receive a minimum of 5 calls per week for new patient appointments, many are on Anthem and I do not know of any providers who are willing to take the amount of reimbursement Anthem offers. It is a difficult situation to put the patient and the provider in as a result of Anthem undervaluing mental health treatment in the midst of a crisis with over 20% of people needing mental health treatment at some point in their life  
I am disappointed in the decrease in reimbursement rates from previous years. In addition I feel some of the paperwork has increased.
- Psychologist  
I am disgusted with the monopoly the insurance companies have. All pay about the same rate of reimbursement and it is too low to make a living from. No other profession is making less than they made in 1992.
- Psychologist  
I am grateful that I work in a hospital that provided support in contacting and billing these God awful insurance companies.
- LPC  
Psychiatrist  
I am having many more problems with UBH and United HealthCare recently, getting reimbursed, getting through to any personnel that can resolve any problems finding the correct phone number for calling AND getting reimbursed.  
I am horrified that medicine has allowed insurance companies to rape the profession. UHC's Bill McGuire made \$52000000 a year, that's just salary, with \$200000000 in stock options. This is an obscenity. How many people get denials so that these insurance companies can rip off America's patients to this amazing extent. Where are the limitations? Who is watching? It's easiest to take from the weakest, hey, let's take from the patients who have emotional and cognitive issues. These entities
- Psychologist  
I am in agreement with a highly visible, lasting, powerful and extremely successful corporation: "In every business, money is the bottom line. However, if you want to get to that bottom line and CONSISTENTLY get to that bottom line, You must produce the best possible product, hire the best and the brightest people to do that, respect these people and reward them well.
- LISW  
I am moving to a practice that is more self pay rather than dealing with insurance companies. I work less and make more money. The transition has been hard, but well worth it. I HATE working with insurance companies as provider and as a consumer. I have not had a raise in over 10 years, yet the rates I pay as a consumer have risen significantly each and every year. This is criminal!!! Our health care system is indeed broken.

Good luck with your survey.

Psychologist	I am on NO panels. I found Anthem too difficult to work with and not worth my time for the level of reimbursement and their insistence upon a diagnosis following testing. I am much happier with pay for service and have been more successful with this practice.
Psychologist	I am only on Medicare panel. Otherwise, fee for service. Reimbursement goes to client.
LPCC	I am opposed to the over control insurance companies have on the mental health professions and which often forces practitioners to inflate diagnosis to meet payable CPT codes. Anthem habitually refuses to authorize/reimburse for Adjustment Disorders and V-codes, which are often the most appropriate when seeing clients in a suburban outpatient setting
LPCC	I am personally opposed to having to be on insurance panels at all. If I am licensed in the state of Ohio and have a proven track record of adequate services, any client should be able to access my services regardless of if I am on a panel or not. In other words, my licensure alone should be enough to allow a client to receive my services. I am not on UBH because I have to have my licensure for 3 years (PCC) to get on this panel although I am good enough to work for Anthem and just about any other panel. I do not agree with the policy of having to fill out loads of paperwork for every provider to prove that I am certified to do my job. Why do we even have a licensure board if we have to constantly do this sort of thing with every panel? Also, Anthem is way below what I consider to be an adequate level of reimbursement for my services. I pay more for a one hour massage, haircut, and pedicure than I receive for a session of counseling. The plumber and electrician make more than I do. Go figure!
LPCC	I am sorry but I work in Community mental health. These questions do not apply since I have been out of private practice for about two years. When in private practice the pay was minimal and insurance reimbursement was not enough to maintain the practice. Thank you for your time and effort.
LPCC	I am too new in the process of developing my practice to fairly answer the questions.
LISW	I am weary of insurers limiting deciding number of visits when policies give unlimited or 50 visits. I am tired of doing insurance companies work for them.
LISW	I am not sure why Anthem requires an authorization when I am not in network and the pt is covered under Parity
Psychologist	I avoid them as much as possible!
LISW	I believe managed care interferes with client choice and privacy.
LISW	I believe that Customer Service Representatives have become more friendly and less combative, as compared to several years ago. However, the automated systems, poor reimbursement rates, and slow reimbursements, are enough to make me question whether or not to stay in private practice. Many colleagues have opted to close or minimize their practices, due to these reasons. Sometimes I cannot afford to accept one client over another, due to their insurance's reimbursement rate. This causes emotional conflict within me, but I have to survive. Also, I am very concerned about how unfair this is to the consumer....
LPCC	I completely disagree with the layers of reimbursement fees based on licenses.
Psychologist	I consider their behavior to be fraudulent and criminal. Employees are sold a bill of goods, in that they believe that they have the coverage, should they need it, only to learn that it is extremely difficult to obtain, when they are least able to

fight for it. They also should not have to fight for it.

- Psychologist I didn't go get a PHD to earn 50,000 per year. It seems that they drop their rates, but increase their expectations for paperwork without considering that this drops wages. I don't charge patients for completing treatment plans or writing lengthy case notes. The insurance companies seem to want me to eat this loss. I also see my patient's deductibles and copays increasing while my reimbursements are dropping. The insurance companies seem to be the only ones improving their position/income.
- Psychiatrist I do not want anything to do with them...I tell my patients so and they pay at time of service full fee...they get a receipt and fight with the crooks themselves...hopefully disrupting the insurance company's day like they used to disrupt mine...I refuse to hire staff which is nothing but a subsidy for the insurance company crooks...
- Psychologist I don't know how Anthem is getting away with this. They tell people that there is no shortage of providers; yet, I get several calls a week from people who can't find anyone to see them or their family member. Maybe subscribers don't know where to make a complaint. If we could get this covered by some local news channels and include the fact that there is a state insurance commission to whom people could make a complaint, I would hope that some consumers would take the time to make their feelings known.
- Psychologist I encourage my pt to take control of their care and work out self payment plans and avoid insurance when possible.
- LPCC I feel as though there are no other choices for reimbursement and to maintain the vital health practice then to remain on panels. They continue to lower reimbursement rates and make it extremely difficult to cover the costs of running an agency while providing adequate pay to staff.
- Psychologist I feel sorry for patients who pay their premiums and expect to be cared for by their insurance company, and then am sorely disappointed.
- Psychologist I feel stuck because of the economy that I have to accept unreasonably low and/or diminished reimbursement from managed care panels
- Psychologist I feel very fortunate to have very few problems in getting third party payments.  
LPCC I fervently resent that while benefits for members decline, the cost of premiums and co-pays goes up, reimbursement rates are lower than they were 15 years ago....and the insurance companies are racking up huge profits and CEO's and upper management are taking home multi-million dollar salaries.
- Psychologist I find the "Wellness Assessments" requested by United Behavioral Health to be intrusive. I have asked a few patents to fill these out, but many times I do not get them filled out. I recently got a letter from UBH pointing out my less than perfect cooperation in this manner, but I have not significantly changed my behavior in this regard.
- LPCC I frequently am concerned about the type of personal and confidential information that insurance companies seem to feel they HAVE to have...most patients do not trust this. I am also angry about the reimbursement levels being so low.
- Psychologist I generally do not deal with them. I have avoided it. It is the reason I left private practice and that I choose to work for a mental health center. I can treat all comers and let the administration keep me in business. I try to cooperate with them and know that the reimbursement and paperwork, etc., are nearly impossible.
- LISW I HATE dealing with insurance companies in general They are not honest in telling pts about the parity law and often make it hard for them to obtain additional sessions even in an emergency

Psychologist I have a problem with the insurers that request case reviews, etc. over the telephone, but provide only limited hours of access to return their calls. It is generally impossible for me to return ANY calls during my workday, yet alone complete a 15-30 minute clinical review. Also, often, when I do have time to return these calls, I usually get the voice mail of the person who called me. This is quite annoying, and I hesitate to leave a message due to confidentiality issues. United Healthcare is the most frustrating in the above aspect.

LISW I have applied to be on Cigna to serve my clients; however, I know that their reimbursement rate is poor. Many clients have switched to Cigna with their companies, so I am trying to accommodate them.

LPCC I have been frustrated due to their refusal to accept me on the panel because I am "just a counselor" and these panels charge too much for the right to be considered.

Psychiatrist I have been much happier since I resigned and allow patients to file for whatever out of network coverage they are eligible for.

Psychologist I have few patients on insurance. For some I am an out of network provider. They have higher co-pays but are willing to pay them. In many cases they pay me at time of service, submit a standardized claim form and deal directly with insurance company. I am spared the time and aggravation of dealing directly with insurer.

Psychologist I have had a great deal of difficulty dealing with the non-State of OH UBH plans in the past 2 years; our patients received faulty information from intake workers when calling for authorizations, indicating that they would be covered when in fact they were not. We were then subjected to a claims audit that was an absolute nightmare - it took several months just to track down an actual person to talk with since the phone number on the audit requests was linked to an entirely automated system. Finally, it took a lengthy legal negotiation process which involved an entity called Ingenix to get the matter resolved and even though UHC acknowledged absolutely no wrongdoing on our part, we were still required to repay thousands of dollars in claims that had been previously authorized.

LPCP We were lied to, our patients were lied to, the personnel at Ingenix (at least some of them), were unethical and outright abusive, and to this day, we have to submit treatment information for each date of service for each patient.

LPCC I have had few problems with the major insurance companies. The service has improved over the past ten years. The reimbursement rates have not kept pace with inflation which is a concern of my agency but hasn't been critical enough to end relationship with an insurer.

Psychologist I have left private practice and am glad to have done so. I found that insurance companies were playing games, finding ways to not reimburse for services - like saying they don't have me listed as a provider or don't have the current site listed when they had already reimbursed me at that site. They also send forms back repeatedly with requests for changes that are different every time in an effort to push the date of final submission beyond their date of reimbursement. The insurance reimbursement system for psychological services is a total farce. I can't understand why Americans are paying for a middleman who limits their access to services and uses their premiums to limit their care. Services that are approved should be paid for. There is no oversight, no protection for providers...only for the insurance companies. The system needs to be simplified...no one has the time to understand the plethora of rules and regulations put forth (and changed regularly) by each company. It is simply ridiculous.

Psychologist I have now resigned from all insurance companies, and I feel relieved. I am out of network for everyone, even Medicare, working fewer hours, enjoying life much more.

Psychologist I have only been on insurance panels for about year and have only seen a handful of clients. I have a salaried position full time and do consulting work on the side. I also have a billing service so I don't have to deal with submitting claims (which I understand is a nightmare for all panels). Thus, my experiences may not be representative of those who are in private practice full time.

Psychologist I have sought other significant employment which is more lucrative than private practice which I now conduct only 5-10 hours per week. At current coverage, one must work an excessive number of clinical hours to make a reasonable living, and I cannot physically or mentally work that many hours and provide a high standard of care.

LPPC I have the same problem everyone else does that takes insurance.

Psychologist I have tried to use OPA's Insurance Committee to resolve ongoing issue with Medical Mutual. Dr. Swales has found Medical Mutual so impossible to deal with that he has given up. APA has been of no help whatsoever is getting Medical Mutual to address the inconsistent, arbitrary (no other insurer does not accept Medicare's Allowable Amount), and incorrect way Medical Mutual processes claims where Medicare is primary and Medical mutual is secondary. If it would not cost more to pay a lawyer than the amount I would be likely to get back I would sue Medical Mutual.

LISW I hope the future with ins. companies covering patients is more positive than it currently appears!!!

Psychologist I hope we are able to see the results of this survey

LPPC I know no other profession whose rates are basically stagnant for over 15 years....and this phenomenon occurs because of the lack of increase in reimbursement from insurance companies. Really this means I haven't had a pay increase in....18 to 20 years! I don't think many other professions would be able to retain workers under these circumstances.

LISW I left one panel when insurance company asked to negotiate a new rate of reimbursement when I told them I wanted to resign. This was TriCare

Psychologist I love my work. Working with insurance companies is the one reason I will retire early.

Psychologist I owned a psychotherapy practice employing 8 therapists and got out of the business because of declining insurance reimbursement rates. I couldn't pay my therapists a decent wage with low insurance reimbursement and rising costs to do business. So I went out on my own and mainly accept cash clients. My life is less complicated but I am unable to help as many clients as when I had 8 other therapists working for me. I make less now than I did when I started in 1990 and it's due to insurance. I am not seeing fewer clients. That is discouraging to me and to those considering psychology and counseling as a profession.

LISW I prefer to have the insured deal with their own insurance company whenever feasible to do so. With managed care, however, providers are often forced to deal directly with insurance companies regarding so many details. This is time consuming and very frustrating in light of the low reimbursement rates of most insurers to their "preferred providers". I find that, in order to remain financially successful in private practice, I must have a certain number of private pay clients (without insurance). There is something terribly wrong with a system that creates a financial hardship for both patients and health care providers, while insurance companies are realizing increasing profits!! I often wish I could provide services to low income people for minimal or no fee, but managed care has forced me to limit my "charity" work -- the recipients of my "charity" work are the insurance companies themselves who don't have to pay my full fee!!! That is a tragic reality of managed care!!

Psychologist I prefer to talk to a person when contacting insurance companies. Also, if they must use recorded messages, they could be more user friendly. It is very difficult to find the correct extensions for answering questions.

Psychologist I remain concerned about confidentiality issues, and often encounter errors in reimbursement.

LPCC I see fee for providers dropping; this is discouraging.

Psychologist I still think there is an anti-female bias among insurance companies. I do not get treated the same way as my male colleagues, and I resent that.

Psychologist I suspect that insurance companies are hoping that Ph.D.'s get frustrated enough that they will have to offer providers that accept lower reimbursement. I am seeing a number of clients (e.g., MMO) for which I no longer accept their insurance and so they are paying me cash. I hope this survey will allow Anthem to understand that their business practices (poor reimbursement rates, horrendous provider customer service) are creating hard feelings. Aetna did these 10 to 20 years ago, and even though they might have improved their practices, I refuse their offer to rejoin their panel. Medical Mutual has done similar and I gave them years to clean up their act, which they didn't and so I resigned. Anthem is next on my list. I don't know how new providers are going to be able to pay off their student loans and eat in this hostile environment. I hope this survey will help. Thank you.

LISW I think they should offer more guidance in the billing process and setting up your practice

LISW I usually get more money when I see Anthem clients out of network

Psychologist I was in private practice in addition to my hospital-based neuropsychology practice for two years, and recently closed the private practice due to the time consuming nature of dealing with mental health coverage/reimbursement and the low reimbursement rates. I felt that the extra income was minimal relative to the number of hours it took to maintain the practice.

Psychologist I wish I didn't have to accept insurances at all, any of them but I am not hooked into a totally fee for service referral pool.

LPCC I wish there was a universal form for all insurance programs instead of the individual forms for each company and even then, they have quantifiers that increase the frustration for all.

LISW I work at a community mental health establishment with a billing dept so I do not directly deal with insurance cos most of the time.

Psychologist I work for a large hospital in Ohio. I am on many panels as part of a "facility contract". We have a large billing department that handles the majority of insurance matters. It seemed like this survey was geared towards those in private practice, which I am not.

LPCC I worry that the county agency I work for will be unable to continue to offer services because of less reimbursement.

Psychologist I would like to get off all panels especially Anthem, except that I have many clients already on Anthem and because so many clients cannot afford to self-pay for services

Psychologist I would like to leave the Anthem network, but have remained with them for the sake of my existing patients. However, while in the Anthem network, I must accept new Anthem patients, according to my contract.

Psychologist I would like to resign from all of them, however so many of the people I see are low income and have only insurance for help with serious mental health problems. Nevertheless, I believe that within a couple of years I will no longer be able to maintain my practice because I will not be able to generate enough revenue to offset my costs and still have some income. In addition to low payments from insurance, I see a number of pro bono clients since Medicaid stopped paying for psychological services and required people to be on their HMOs, which never allowed me access. Overall, HMOs and other insurance plans have made it very difficult to practice as a psychologist, and almost impossible for me to find psychiatrists to see my seriously ill clients.

Psychologist I'd still rather deploy to Iraq than continue to deal with the abuse handed out by the illegal and unethical practices of these MANGLED care organizations.

LPCC If a professional is in good standing with the state licensing board, they should be in network of 50 miles of patient and they should be on panel regardless of increase of licensure if they were before. Clients are missing qualified care and unable to obtain as good of care elsewhere.

Psychologist If insurance companies could provide accurate information about patients' coverage and pay claims correctly, that would be an enormous help. I spend quite a bit of time fixing their errors.

LISW If insurers continue to drop rates it will be more profitable for providers to go to self pay arrangements. Only the members will suffer losing access to experienced providers if they are unable to self pay.

Psychologist If left to their own devices insurance companies, like all other for-profit entities will do whatever they can to save costs/increase profits. This is especially true in a climate where too many insured individuals accept the premise that it is the medical establishment (including mental health providers) who are escalating cost and, therefore, insurance companies who "have to pay the bill" have every right to fight back, on behalf of the consumer, even if they have to fight dirty. Until we can find a way to change these current stereotypes our battles will be at best uphill and, all too frequently, about as effective as those of Don Quixote. By the way, I would strongly recommend avoidance of the tactics of the recent past and, taking a cue from Obama, not try to make the insurance companies the devil while simultaneously canonizing either us providers or the consumers. We all have a part to play in making things better and if we don't present a platform whereupon we assume some of the onus of responsibility

LISW If they would lessen their management they could increase our reimbursement to allow us to have incomes sufficient to hire support staff to increase our responsiveness to clients. Currently reimbursements are so minimal it is really charity work to be in private practice and most of us have resorted to managing all aspects single-handed from the reception, treatment, and even billing aspects. The flexibility of having my own office is THE Only reason I keep practicing in this field.

Psychiatrist I'm glad someone put together this survey and that I found it in my work pile in time to submit it. Aetna and Anthem are particularly difficult administratively, staying current in the certifications and in their ways of processing claim forms. By the way, both companies have wonderful personnel, consistently helpful and good tempered. I wonder why they don't resign because they are caught in decisions made by higher level cold hearted and short sighted administrators.

Psychologist I'm not a good respondent for your survey. I got out of submitting insurance claims to anyone at least 15 years ago.

Psychologist I'm only a part-time provider employed within a mental health setting. Our major payers are Medicaid and Medicare, so private insurance is includes mainly Aultcare (local).

Psychologist Imbursements overall are less than before.

Psychologist In all honesty I don't have any hope that most insurance companies will provide adequate coverage for mental health for most people, as that does not seem to allow for improving their bottom line. And, I am also aware that most people choose their health insurance based on cost. As the type of therapy I do is not based on symptomatic change, I've given up on insurance companies. It's more important to focus my effort on treatment and education issues. People will find a way to cover the cost if they want to; just as they might pay for something else that they want.

LPCC In community mhc setting I don't deal much with this some one else does.

Psychologist In my opinion, the federal govt needs to regulate insurance and health care. As private companies, they are stealing from all us. See the annual incomes posted on the OPA list serve regarding how their CEO's make each year. It is obscene and flat out evil.

We need socialized medicine; there is no other solution. The show Frontline did a piece on health care across the world. They compared our system with several other countries around the world. It was pathetic how our system works compared to Germany or England.

This is not a difficult solution. If we spent 25% of our military budget on healthcare, the problem would be solved completely. Check out <http://www.truemajority.org/oreos/> It's a very simple problem to fix. We just need to be willing to change our priorities.

Psychiatrist Insurance companies act like they are doing us a favor by having us on panel. I am busy enough off panels...

Psychologist Insurance companies cause frustration and problems for patients and clinicians when they deny approval for medications to cut costs. I realize this is a common complaint.

LISW Insurance companies have too much power in deciding how to treat patients; they make poor decisions and interfere with treatment. A family doc recently sued and won a case involving a managed care companies intrusive demand for forms to be completed that did not have anything to do with patient well being. Most of what we do with insurance companies has nothing to do with patient care. UBH and their wellness form for example are an exercise in stupidity -- who is really tracking all that data -- and why? If I could survive without using insurance I would.

Psychologist Insurance companies need to provide a good working relationship with their providers in order to deliver coordinated, quality care to their patients. Errors in payment and excessive demands in the guise of quality control which are often done by persons who are not trained in mental health do not provide care to patients; to the contrary, this adversely impacts their members and is detrimental to availability of quality care. Further, reimbursement rates directly translate to the value placed on the work we do as psychologists. Low reimbursement rates and consistent underpayments forces those of us who offer expertise in specialized areas to drop out of panels (or consider dropping out of panels), denying access to clients in need of these services, as well as compromising their right to access quality resources.

LISW Insurance Eap's such as Magellan and Ceredian make providers wait until service completed before paying and require specific forms to be completed within specific timeframes

LPCC Insurance hassles are the #1 headache for private practice. Increasing requirements for authorization and treatment plans, delay and mistakes in reimbursement, trying to get a hold of a live person to resolve a problem!

Psychologist Insurance progress reviews, as differentiated from OTR, seem to be in violation of HIPAA requirements. anthem, Aetna, Humana/CorpHealth

LISW Insurances Companies have different plans and I'm never certain whether or not authorization is required for mental health. Sometimes, they carve out the mental health benefit to another company and they require authorization, but it isn't known until it is too late. Then your client isn't covered. It would be best if all insurance companies would grant at least 10 office visits automatically when the client and/or therapist calling in that the client wants therapy. After 10 visits a treatment plan is required for continued treatment. Just make that standard and everyone would know the requirements. The insurance companies would not have to hire so many staff to deal with all the confusion we all experience.

Psychologist Insurers appear to be solely profit driven and quality of care is not a factor in their decision-making. Insurers are preventing their staff from having familiarity with clinicians.

Psychiatrist Interference from a 3rd party is not acceptable; rates of reimbursement are appallingly low; there is insurance discrimination against mental disorders; psychiatric and psychological health are more important than driving a new car, yet many people will pay for the latter and not the former; lawyers charge a much higher hourly fee than psychiatrists, much less psychologists or social workers -- what does that say?

LPCC It has become complicated and expensive. I would rather have fewer clients who pay in full, rather than having to accept a 50% reduction in fees.

Psychologist It has been helpful when insurance companies have reduced the forms required by the clinician to complete for reimbursement to occur. Further it would be helpful if more time could be allowed for submission of claims for reimbursement as the forms insurance companies require are in addition to those required by the agency and due to the multiple demands of serving clients increased flexibility on deadlines for claim submission could be especially helpful.

Psychologist It is a major reason that I am considering retiring from practice. My negative experience with anthem was a factor in my decision.

LPCC It is an extremely frustrating and error-filled process. Invoices are lost, processed wrong, denied for ridiculous reasons and very time-consuming. But the worst irritation is reimbursement. Currently, I have many Anthem clients who have a \$50 co pay and the fee schedule pays \$50.76 - the lowest of all in network insurances. I basically receive \$.76 per session from Anthem on these clients. It's hardly worth the time and trouble. And on top of that, these same clients must have an authorization to get the 76 cents!

Psychologist It is difficult to determine what services will be paid for and how they will be paid, particularly in the case of neuropsychological evaluations. Some companies want us to fill out a pre-auth and then deny payment anyway. It is always very difficult for our support staff to get a straight answer about reimbursement. They can call multiple times and get a different answer each time.

Psychologist It is disheartening to know that I have been a psychologist for nearly 30 years and I am making less than I did 10 years ago and I am VERY busy.

LISW It is my perception that the insurance industry over regulates mental health and substance abuse service issues to the detriment of quality service for patients and clients.

LPCC It is usually very difficult to get ADD services covered as the case manager I'm to contact requires verbal listing of all the 'clinical' on their voicemail. There are too few 'SA Case managers'.

Psychologist It is very difficult to be at the mercy of insurance companies who dictate what they will reimburse in order to be on their panels. At the same time, from what I read, they are making significant profits upon the backs of patients and providers. It is my firm opinion that there needs to be a fairly drastic change in how health care is provided in this country, particularly as it applies to mental health.

LISW It is very frustrating that when people are paying much more for their insurance, it is covering less and less of their services and it is more difficult to find an appointment. Additionally, good luck finding a psychiatrist when a therapist needs to make a referral!!!!

LPCC It is very hard to get people to understand "out of network" benefits and they are talked out of it when they call to find out if they are covered and at what level. I have had many cases where once the deductible is covered; the payment for services out of network is as good as or better than in network. People don't care about the level of experience nor expertise nor therapy model one uses. They are hooked on buzz words of the year. They believe that complicated problems should be solved in 8 sessions or less and their physicians are quick to give them drugs without doing a complete assessment. This is especially true in the case of children. Years ago it was ADHD, now it is autistic. The insurance companies have ruined mental health therapy with their managed care. This includes anthem.

Psychologist It may be obvious, but I have been extremely dissatisfied with insurers. Their low level of reimbursement and increased level of work (paperwork, phone calls, correcting mistakes) make practice much too difficult compared to other professions. I signed on to the managed care philosophy in the 80s and 90s because it promised to streamline and reduce the workload in exchange for a reduced fee. It did at first, but then the reimbursement declined significantly in spite of inflation and the mistakes and paperwork increased. Now, it seems all they care about is squeezing out more profit. There are fewer providers, patients wait longer or can't be seen at all, or get substandard care. I wish I was a teacher or engineer.

LPCC It seems like their main goal is to try to find something, anything that they can use to keep from reimbursing for services rendered to their insured's (change their "official forms" often and then refuse to pay because we submitted on old form).

LPCC It seems that reimbursements are decreasing across the board.

LISW It significantly bothers me that insurance companies decide what they will pay me, how many sessions I need to treat my clients, how to diagnose my clients, and then still make the decision not to pay for treatment.

Psychiatrist It sucks!

LPCC It takes so much time to get to the person you finally need to talk with. If there were a certain person we could call for each city or state, etc., it would sure make things easier and more time manageable.

LISW It would be an industry improvement if all third party reimbursements were as streamlined as UBH.

LPCC it would be nice if the insurers covered a larger portion of the charges

LPCC It would be nice to be able to talk to a person, instead of going thru levels of voice prompts

LISW It's a nightmare. Nothing uniform between companies or within companies-- phone numbers, benefits, etc. And those out-sourced "helpers" who give out wrong info!

LPCC It's not worth my time to try to collect from the insurance companies.

Psychologist Just continue to follow along ...follow up and don't give up. it seems as if they believe you may tire and give up and just not get paid....I complete other tasks while holding on the phone so as not to think I am wasting valuable time. There are times I ask for a supervisor...Asking the client to call is also helpful.

LPCC Keep OTR's as easy to complete as possible.

Authorize for the entire year.

LPCC Less automation when calling. Hire live people to answer the phones. Let the pros do their job - having to reauthorize every 4 -5 sessions is unreasonable since we don't get paid for doing the paperwork.

LISW Lobby for universal, single payer health coverage.

Psychiatrist Long reimbursement lag ( often 3-6 months) at least

Psychologist LISW	low pay for quality services Low reimbursement rates overall and the limits placed on number of sessions that do not relate to the nature of difficulties and diagnosis.
Psychologist	Managed care has been quite profitable to insurance companies and has made access to outpatient mental health care very difficult in many cases. As a patient class, those dealing with mental health concerns are particularly vulnerable and have difficulty advocating for themselves. This reduces utilization and further increases insurance company profits. I have worked for parity reforms but even they seem to be falling short of influencing much change. If it wasn't for my commitment to my patients, I would have quit private practice. I am now only practicing part time, privately, and have taken a position with the state where I don't have insurance companies dictating to me how to practice.
Psychologist	Managed care is the evil empire.
LPCC	We are slaves while they rake in the big bucks. Managed care was designed to make sure people received service. It was not designed to micro-manage mental health. Mental health is a health problem. It needs to be reimbursed with that in mind. Separating Mental/Behavioral Health services has limited our ability to provide care to our clients. Mental Health is a Health problem with mental health symptoms. Clients are restricted from care by the restrictions imposed by their insurance companies. There is something incredibly wrong when I am put in a position to request service authorization from someone who has never provided psychotherapeutic services. How many professions can say that they are now receiving less pay than they received 24 years ago. I educate my clients and encourage them to put pressure on their employers to provide better coverage. I have provided out-patient mental health services for over 30 years. I love my work and I m energized by the latest developments in research on the brain. I hope technology will continue to validate
Psychologist	Medicare and Medicaid are the biggest problems due to continued and proposed cuts in fee schedules. Also, Medicare only pays 50% for most psychotherapy diagnoses, leaving Medicaid to pick up only a small percentage thereafter. The shift to Medicare HMO's has made it extremely time consuming to collect the secondary. We estimate an additional 25% in office time to get paid for the proposed 35% less in fees. This hits our practice extremely hard as we specialized in geriatrics.
Psychiatrist	Medication preauthorization procedures are the most obstructive and time consuming problem I have with insurers currently. In the past when I did inpatient work the authorization and denial problems were awful; most psychiatrists in the area have stopped doing inpatient work.
LPCC	Mental health professionals should get reimbursed at the same rate as Physicians, but this is not the case.
LPCC	More and more of my colleagues have left insurance companies to accept self-pay only or work for non-profit organizations. Managed care is a euphemism. Providers' costs are going up every time insurances cut reimbursement. How long can it last? The time we spend outside of sessions is not decreasing, it is increasing. Pay us more. The work we do saves lives just as the medical profession does. The system is broken. Cutting the providers' pay is not the only answer- why do insurance companies act like it is? I am closing my solo practice and joining a group. It is the only way to survive with things as they are.
Psychologist LISW	MOST APPEAR TO BE ANTI-LONG-TERM INTENSIVE TREATMENT Most are very difficult to communicate with through either telephone or electronic communication.
Psychologist	Most have now made it easier to get authorizations and minimal paperwork. UBH is now requiring more but I get few Patients from them.

LISW	Most of our patients are self pay.
Psychologist	My answers to this survey are not valid, as the questions do not apply to me at this time or in the past 14 years. I have not been involved in private practice since 1994, although I do maintain my licensure. I work in research and teaching only. Please do not use my answers to this survey.
Psychologist	My company provides inpatient care to children at a rate lower than hospitals so ins. companies will use us
LPCC	My concerns have to do with the role of insurance companies should health care become nationalized. Will we all become "government employees?"
LISW	In addition, I do wonder if I'll have to convert to cash only. 6 years ago I received, on average, \$83 per hour. Today, my average is about \$65 per hour.
Psychologist	My information not relevant to your survey, sorry. My overall income has diminished significantly in the last 2 years that I am seriously considering a different profession.
LISW	My principle concern is the trend towards lowering rates of reimbursement; this vocation appears unique in that other professions do not have this obstacle to doing what you care about and serving clients.
Psychologist	My results may be skewed as I work part-time and my practice is not a significant source of income for my family; I have some freedom from being overly concerned about reimbursement issues. However, I am concerned about the steadily decreasing rates of reimbursement, and would likely make choices in the future about accepting clients based on insurance issues if these trends continue. I do believe that there is less intrusiveness about treatment plans over the last ten years, which is a benefit. My staff tells me it is often difficult to get authorization information for many of these insurance plans as well.
Psychologist	My wait times apply for psychological or neuropsychological testing. My psychotherapy wait times are 3 months.
LISW	no insurance is actually paying the cost of providing services
Psychologist	NO, as I said, I wish I could go off all panels.
LPCC	no, considering a new career though, mental health will never be profitable as stated by my college and financial advisor
Psychologist	No.
LISW	None
LPCC	Not at this time.
LPCC	Not in a hundred words or less.
Psychiatrist	not paying on time, not providing enough visits, never ever covering the medications that I deem necessary, I need to submit approval for meds several times and they still deny it, they want only cheap generics. In short I feel I can not treat my patients well and in good faith because of severe limitations in prescribing options
Psychologist	Not really, other than my belief that it is time to eliminate "for-profit" insurance companies, return to non-profit company charters, and move toward a single national payer system. The constant battles with insurance companies to get paid for work that I have already done have greatly reduced professional satisfaction, and I would advise young people to avoid healthcare careers at all costs. Insurance companies have not controlled costs; they have merely redirected the money to pay higher executive salaries, and to pay dividends to stockholders. This has been achieved, of course, by denying care to patients, and by refusing to pay healthcare providers. Corporate greed has won the day.
Psychologist	Not that are not profane!
Psychologist	number of sessions allowed is quite limited even for patients with severe psychological problems

Psychologist Ohio has increased number of people with high deductibles of 3,000, 4,000 or so before they make payments. Or people are losing their insurance benefits right and left due to lay off closing of plants, etc. People cannot pay the increasing amount of copays that insurance demands. Sometimes co-pays are 25, 35, or 50 percent of the payment. Most struggle to pay or don't come to mental health services at all They need gas money. They need food. So they don't come to counseling services. There is a shift to reduced fee United Way services and away from private practitioners. Appeals processes are difficult to follow if there is a non-payment due to not having "pre-authorization." United Behavioral Health for instance sends the authorization letters for services to the patient. They are to "bring their letter" to the first meeting. No mental health client that I have engaged has ever brought their letter I end up having to call and check on the benefit which takes a great deal of time. The staff of most in

Psychologist Only that I resent that insurance has the power to determine my income. I don't know any other profession that has an external entity that controls their income. In spite of having the highest level of education, I make less than an associate degree doing dental hygiene! Or an auto mechanic.

LPCC Our accounts receivable ultimately grew to the point that we were losing money dealing with insurance companies. We moved our practice to the EAP capitation model.

LISW Our agency billing dept. takes care of these matters and it is up to the agency to decide whether or not to accept a contract with an insurance panel. I do not deal directly with the insurance panels.

Psychologist Our agency has a set rate that we must be reimbursed per client session in order to break even financially. We can not afford to accept lower reimbursement than the amount it costs to provide the service. Therefore, we have adjusted our focus to encourage clients with the more lucrative payer sources to come here for services and have somewhat discouraged those with other insurances. Many can not afford their copays and/or extremely high deductibles which makes care almost off limits to them in most practices.

LISW Our practice office manager deals with insurance companies and makes most decisions, in connection with the psychiatrist who owns the practice. I don't pay much attention to the details, as he pays me an hourly rate no matter what company insures the patient.

Psychologist Our percent person has significant difficulty with first obtaining authorization and then once obtained denying coverage anyway. B&H codes are so variable in how they are handled and accepted.

LISW Outcome surveys will probably never capture the "soft," qualitative dynamic (data) that accounts for + change in psychotherapy. Put that money in the clinical side of the budget.

LPCC Overall, I've only experienced consistency with Medical Mutual and Aetna (on the rare occas. I see Aetna coverage). The others I find frustrating and not worth the effort.

Psychologist Overall, reimbursements have decreased while my overhead and inflation have increased. I worked hard for my PhD and have 25 years of clinical work skills to receive this low rate of reimbursement.

Psychologist Overall, the reimbursement rates and maximum charges are unreasonably low. The panel status of providers is too difficult for clients & us to confirm. Reaccreditation requirements are burdensome-I have to confirm my final degree each time although I received the degree 25 years ago! Carve outs are confusing to clients and providers. Too many plan variations within each company.

LISW Parity law: I thought Ohio passed the law 10/2007. It seems that it will take a lawsuit for them to follow the rules of this law.

LISW Patients are receiving fewer sessions - e.g., 20 per calendar year -and are given higher deductibles and higher co-pays, making it nearly impossible for them to receive and afford the proper treatment they need. And the therapist's reimbursement rates NEVER increase. I have been in private practice since 1986, and in that time the reimbursement from insurance companies have DROPPED about \$20/hour across the board. If I compare my fee to the reimbursement rate, I now receive nearly a 50% reduction. It is becoming untenable to maintain a practice and earn a decent living.

LISW Patients need more sessions and better coverage.

LISW Payments continue to decline. Where will it end? Does big business really run the world as we all fear? Denial--- we may need it to survive after all.

LPCC phone systems awful; difficult to talk to human

Psychologist poor payment rates are the major issue and costs of getting paid due to payment processes are labor intensive

LISW poorly trained or poorly-English-language customer svc which takes tremendous time to correct errors

Psychologist Prefer they stop reducing reimbursement rates as a means of reducing their own losses. Smooth referral processes.

Psychiatrist Private insurers hire managed care companies, but they both lie in the same bed. I used to do Peer Review and Third Looks for appeal denials, so I've seen their tactics. They deny coverage first, and then see how far people will go to fight them, hire attorneys, ask for independent opinions, etc. But the Big Picture is this: The proverbial Fox is guarding the Chicken Coop; the prize is literally billions of dollars of profit. Somehow, we have to work to change this. Health care, including mental health care, should be a right and not a privilege. We as a country are only as strong as the total health of our citizens. Right now, we have a lot of sick and unhealthy citizens, mentally and physically, through no fault of their own. They need and deserve adequate, competent care. I do not believe this will ever happen as long as Big Business Health Insurance, driven by ever-increasing profits, decides the quantity and quality of care rendered (if you're lucky enough to HAVE coverage). The system is broken a

LISW Procedures for handling simple errors are ridiculously burdensome. I mistakenly billed a session in January of 08 with the 07 year. It took about 7 phone calls, 4-5 forms and 5 months to correct. One would think that would be a common problem with a relatively simple solution.

Psychiatrist Psychiatry in general is less well covered than other specialties. Inpatient coverage can be particularly poor.

LISW Psychiatry/mental health are carved out of so many policies. Insurance cards do not always communicate this info. Process is not streamlined and easy to manage. Call Argentina for benefits and a second call for authorization....too much phone time. Way to time consuming for clinicians booked heavily already.

Psychologist Reimbursement decisions not consistent. Some insurance companies appear to deny claims just to avoid payment. Will pay when refiled even when refiled exactly the same.

LPCC reimbursement may sometimes take a very long time

LISW Reimbursement rates are too low- on average about \$60 per hour. 50% covers fixed overhead costs so I'm providing services to seriously disturbed patients for <\$30 per hour. That is ridiculous for the services provided.

Psychologist Reimbursement rates continue to either be reduced or not increased at adequate levels. I am only on a couple of insurance panels at this time and am seriously considering shifting to a fee for service model. The primary reason for not having done so is the number of current patients who either have no out of network coverage or such high deductibles that they would probably not be able to continue receiving the treatment they need.

Psychologist Reimbursement rates for psychological services are unrealistically low given the amount of expertise and training we have and the value we provide to patients. It is becoming nearly impossible to maintain a practice at these levels and I, as well as several colleagues of mine, have been seriously considering alternate employment or work which does not depend on this inadequate insurance reimbursement.

LPCC Reimbursement rates have declined. Allowed number of sessions is not always adequate.

LPCC Reimbursements continue to go down, but costs continue to go up. If things continue at this rate I believe that many in this field will decide to go do something else. Our services are being de-valued and it is starting to reach a point where it is difficult to make a decent living from doing what we do.

Psychiatrist reimbursements in other states are better for the same services than in Ohio

LPCC Reimbursements rates for all mental health providers in Ohio continue to be lowered year after year. We need to join forces as mental health practioners and lobby or refuse en mass to work on these arbitrary panels.

LPCC Reimbursements should have the name of the patient on them (problem with Aetna). I can only afford to stay in the networks because I have another full time job as a university professor. I could not afford to have a private practice otherwise.

Psychologist should have a "real time ability to check insurance benefits, such as the way you can tell your bank balance to the minute,

Psychologist Since I am committed to my clients (working/middle class folks) who without insurance would not be able to receive therapy, I deal with insurance companies. Otherwise, I would not deal with them...

Psychologist Since I am near retirement, I am reluctant to take new client; overall I have been happy with Anthem

LPCC Since I used to work for UBH I have a good understanding of how to deal with ins. companies and who to ask for, and how to word things so that their needs and my client's needs are met.

Psychologist Since the advent of managed care in this region circa 1994-95, there has only been decrease in reimbursement, thus provider income. What other profession continues to attract quality professionals capable of providing quality service who are willing to accept anticipated income decline as they advance their career? What type of person is willing to enter a career that has shown only diminished income for the last 15 years?

Psychologist So far companies seem not to have heard of the parity bill and ignore any attempts made on my part to educate them about the law. They think they'll get away with denying treatment and no one will take any steps beyond being upset.

LPCC Some are so exacting, that they make it a real pain to deal with them. Want things worded a very specific way, very frustrating, at times.

LISW Some carriers have increased rates for psychiatrist but not the rest of the mental health providers. This is a real issue with me.

Psychologist Sometimes the requirements to notify the PCP and record same, have been time consuming or unproductive of a combined approach to the person's care.

If I had other experiences similar to Magellan's slight of hand, I would seriously seek another line of work. Even now it is hard to feel skills are valued. The insurers have broadcast the message for years that providers only want to take advantage of treatment, to prolong it unnecessarily; only want to turn a person into a zombie; only recommend medications because they are in league with drug manufacturers. My favorite misperception is that anyone can do "counseling/therapy." The insurers promote these misperceptions as a way of limiting care. The fewer people who seek treatment, the less they have to pay out. If one looks at which companies, beside oil companies, consistently turn a

profit, look directly at the insurance industry.

I have no trust with these insurers and I do not believe they act in good faith on a daily basis.

Psychologist	Spending too much time trying to keep track of paperwork instead of seeing patients. All providers are treated as if they are going to abuse the system.
Psychologist	Ten visits a year for individual insurers.
Psychologist	Thank you for conducting this survey.
LISW	The agency I work for only accepts Medicare and Medicaid. I wish they did accept other insurance.
Psychologist	The Anthem website needs to be provider friendly and an on-line chat would be very helpful in dealing with claim issues, being able to view claims and/or file claims.
Psychiatrist	the community mental health centers have to change the way we work to be able to see patients with private insurances
Psychologist	The cont. downward trend in reimbursement will cause us to drop other plans as we do more non-insurance work.
LPCC	The entire process is absurd. A unit of service should be worth one amount with each company. If we vary our fees the same way insurance companies do, we would be guilty fee splitting and unfair pricing policies, just to name a few issues.
LISW	The general reduction in the need to certify and our recertify for outpatient appointments has been a relief.
LISW	The insurance companies frequently are paying the least amount when it comes to reimbursement. Between what we write off, the increased co pay the patient pays, and the low reimbursement we receive, the insurance companies are paying to lowest amount. Due to increased copays patients frequently need to limit visits or stop treatment because they are not able to pay the co pay.
LPCC	The most frustrating part of dealing with insurance companies is waiting on hold for up to 20-40 minutes to check on unpaid or disputed claims. Also, there are so many telephone numbers that sometimes I have to call 3-4 times to get the right department. Sometimes, I feel like I have to earn my money twice - providing services to my clients and then trying to collect my money!! I would like to make an hourly rate that is commensurate with my level of education and years of experience. Attorneys are making \$150.-\$250. An hr and therapists are making \$50.00 @ hr. We have fallen so far behind over the last 20 yrs. - Everything else goes up in price and our salaries go down!! They have taken our 50% loss to support managed care companies.
Psychologist	The NPI issue with Medicare has caused a huge amount of issues which has caused a long delay in reimbursement due to lack of information, incorrect information given by Medicare. It seems as though they themselves do not have the NPI system figured out and it has affected us tremendously. In terms of impact from only one perspective, current reimbursements outstanding for six months have placed the practice in a cash flow concern. If Medicare reduces reimbursements as threatened I will not accept Medicare patients. Finally, regarding all other insurers, the difficulty in communicating with representatives who do not speak English clearly or understand information presented and questions asked is significantly increased and presenting more and more problems for all aspects of insurance coverage, i.e., obtaining authorizations,

processing claims, etc.

LISW	The overhead is hurting us. The amount of staff one needs to hire to deal with insurance is excessive. The wait time for response is way too long.
LISW	The paperwork and information they want is excessive and beside the point.
Psychologist	The paperwork getting on panels, dealing with them is overwhelming
Psychologist	The problem I encounter is that insurance companies give us a difficult time paying for psychological testing. I work in a rural area and residents count on us for evals. For instance, pre-bariatric surgery. However, we have a very difficult time getting authorization for testing. Usually, they pay for an intake and no more. This is a hardship for our counties residents because they cannot afford going private and pay \$ 400.00. However, if you have a contract with insurance you cannot bill the insured for the amount the insurance does not pay you; that is what I hear from our billing office. There is a possibility that somewhere there is an error in our system. CPT codes are a problem for testing. Not so long ago, one of our clericals called an insurance for pre-authorization for pre-bariatric surgery testing and was told to contact the AMA for the CPT codes. This sounds crazy but it is true.
Psychiatrist	The problem with all of these companies is they are only in it for the short term.
LISW	The system is so broken I don't deal with insurances.
LISW	Their really unrealistic low reimbursement rates for psychologists and counselors is making it hard to make a living in private practice
LPCC	Therapists are trained to help others. We did not get into this field to haggle, argue, beg for payment or more sessions, waste phone time, become "creative" in diagnosing when many panels don't cover "marital" issues, etc. I am happy I found mediation as a second source, not only of income, but also of assisting in conflict resolution with zero problems mentioned above!
Psychiatrist	They all have problems, especially with authorization and reimbursement. There is more work and less reimbursement from most of them.
LISW	They all need to go to universal credentialing to cut down on paperwork
LISW	They are just such a pain that I often consider going fee for service, but I pay a LOT for my own insurance and believe people have a right to have good providers available to use who accept the insurance they pay such a premium for.
Psychologist	They do not manage care but merely rubber stamp by a formula. A suicidal/psychotic person receives the same number of approved sessions as someone who is mildly depressed or anxious.
Psychologist	They have unreasonable expectations when allocating number of sessions. They have unreasonable requirements regarding the office. They want information that is none of their business. They want me to collect all sorts of medical information on clients when I am not medically trained and have nothing to do with their medical conditions.
LPCC	They need more customer representatives so the wait to speak to a rep is reduced. I wait up to 40 minutes for a call to be responded to.
LISW	They often time do not respond promptly to me or to the client.
Psychiatrist	They seem to have a policy of providing only enough coverage for a hospital stay to do crisis intervention, not get into working on eliminating the real problems. This frequently leads to re-hospitalizations for many children and

teenagers.

- Psychiatrist They should provide good reimbursement for the services and pay payments timely.
- LISW This Ins Company is the most difficult to bill for. I have still not succeeded in get payments since 10/07 due to the continual kicking back of submissions due to some mystery error that multiple phones calls to staff have yet to resolve.
- Psychologist This problem resulted from many providers who abused a system that worked 15 years ago. This included billing groups as individuals, couples as individuals A few in the profession brought this crazy system on by GREED!!!
- LISW This seems geared to Anthem only and to private practitioners, not people in agencies where we have staff to do paperwork and we are not informed of reimbursement rates. I do not really have enough direct information to be truly helpful with this survey.
- LISW This survey really barely applies to me. Insurance, other than Medicare, is not a big issue/concern
- Psychologist Treatment plans are completely unnecessary--they are never denied. Treatment reviews with live operators are often frustrating, as there is often a clear agenda on their end to reject the need for therapy and/or testing. Occasionally, there are operators who are very helpful and supportive of good patient care.
- LPCC Trend today seems to be cutting our rates - it's not only Anthem doing it, but now Medical Mutual and all the others are following. Hard to make ends meet with such low reimbursement rates
- LPCC Trust us as they would trust others in their employ until they have reason not to trust. This would mean that we would not have to keep asking for more sessions. Also, pay us as professionals.
- LPCC UBH has had credibility issues in Ohio. Also, UBH is demanding that I have an NPI number (which I have) and they are saying that I do not have one. I cannot be a Medicare provider (Medicare does not cover counselors - LPCCs). That should be addressed as well in Ohio and throughout the USA
- LISW UBH has twice agreed to reimburse my seeing emergency clients at in-network rates, then authorized the visits at NON-network rates. When deductible was factored in I received nothing except the ct co-pay. I WILL NOT see UBH/UHC clients again until/unless I am accepted into their network.
- LPCC Unfortunately, the thrust for evidence-based treatment forces an emphasis on symptom management only which virtually guarantees relapse.
- Psychologist Various agencies attempted to dictate the number of times that a client is seen, what tests are given, who can be seen, etc. A psychologist effectively cannot say what the nature of his/her contacts will be if that psychologist does not
- Know or has never seen the clients. Others have been trying
- Psychologist To take over what psychologists should be doing.....
- Psychologist We need to have a higher reimbursement rate and higher turnaround!
- Psychologist Were I currently in private practice, I am sure I would have a lot to say to some of the items. I am not, however, dealing with the panels. My credentialing and billing is done by other individuals/departments.
- Psychiatrist will likely drop off other panels if payment goes down when my costs are rising
- LPCC With high deductibles and higher co-payments, the amounts that insurance companies actually pay is decreasing. Therefore, clients are self paying for therapy even when they have and are using their insurance.
- LPCC With our service to people in need, it is sad that Big Business CEO's exist to earn themselves millions while we are paid peanuts. BUT, I am called (vocare) to the ministry of healing.
- LISW Yes, each one has a different protocol, wellness surveys, treatment plans etc. It would be helpful if they were all the same, Also, they seem to make it difficult to

find out where to send claims, who to call etc.

- LPCC Yes, they're mostly awful. Reimbursement rates are ridiculously low. Managed care sucks
- LPCC Yes. I realize that the health care system is in "crisis", however, what I do not understand is how at least for the past 7 1/2 years that I have been in private practice that NOT ONE insurance company has increased their reimbursement rate. In fact I have had one company have the nerve to reduce reimbursement! All of their employees (down to the cleaning people) are receiving raises aren't they? We don't even get a raise to help with basic cost of running a practice. It is also frustrating and difficult to manage a private practice in that one has two choices, either do all the paperwork and billing yourself or hire out. Either way it is not cost effective to stay in business. The only way to cover the rising costs in rent and supplies is to see more patients... Do they really think that is "good" treatment? I know in the media there is a portrayal of private clinicians as rich with luxurious office space and needing only to see a limited number of patients, but the reality is far different. I work very hard to provide quality services which require (by state law) an advanced degree with on-going continuing education. It's frustrating that I myself, a provider for an insurance company cannot afford insurance myself let alone afford to put money away for retirement. Unfortunately, I have invested thousands of dollars in a career which offers FEW realistic alternatives. I realize the insurance companies are duty bound to make a profit, however they owe us a lot more consideration, respect and financial compensation than we have been given.