Behavioral Health Provider Coalition for Insurance Advocacy

First Quarter Report, 2021

About the Coalition:

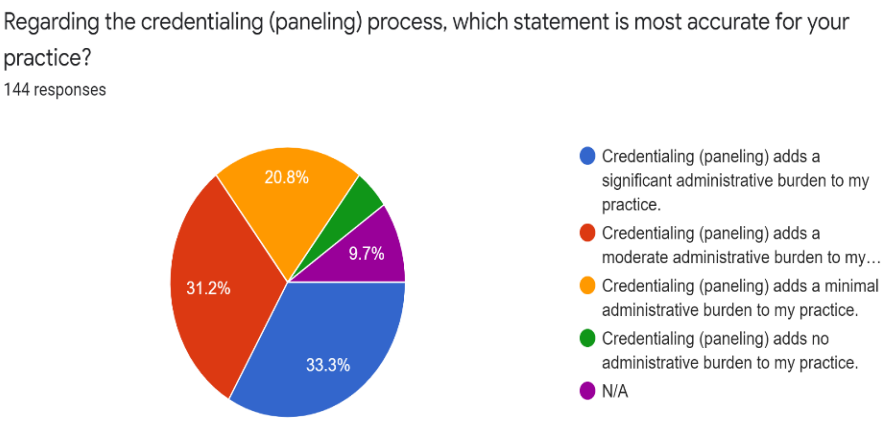
The Behavioral Health Provider Coalition for Insurance Advocacy strives to advocate for a more collaborative relationship with insurance providers, assure adequate reimbursement, improve access to the full continuum of care, using the expertise unique to behavioral health service providers.

Overview:

This report includes a summary of 144 total responses gathered in December 2020 from a variety of professional providers of behavioral healthcare. Respondents were polled about their experiences working with third-party payers in three core areas: credentialing, claims processing and communication. In all three areas of focus, the majority of respondents indicated that third-party payer work added at least a moderate administrative burden to their practice, such that 24.3% indicated that they are seriously considering no longer working with third-party payers (cash-only practice), which could create serious access issues for behavioral healthcare consumers. Many providers indicated that they have specialized staff to handle billing. Respondents shared frustration with a perceived inefficiency and difficulty finding necessary information (contact info, credentialing requirements, etc.). Providers expressed a concern that their expertise in patient care is too heavily influenced by the third-party payer.

Summary of responses:

Credentialing

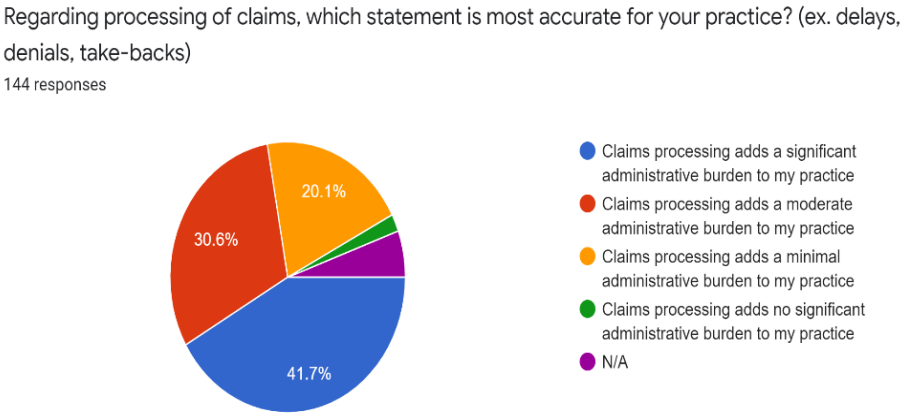


64% of respondents indicated that the credentialing process is moderately or significantly burdensome for their practice. Respondents consistently shared that the credentialing process was expensive and confusing, and some commented that maintaining a CAQH account seemed duplicative as insurance companies will regularly ask for information that is readily available in CAQH.

"It is extremely difficult to get on a panel and requires excessive amounts of work to do so. It is also very difficult to find an actual person to speak with to answer questions."- Psychologist

"We only accept a few select insurance companies due to the administrative burden of both credentialing and collection of payments. In turn we have a significant amount of cash only business." – Psychologist

Claims



72% of respondents shared that claims processing adds a significant or moderate burden to their practice. Many indicated the use of a professional billing service which dramatically increases overhead costs.

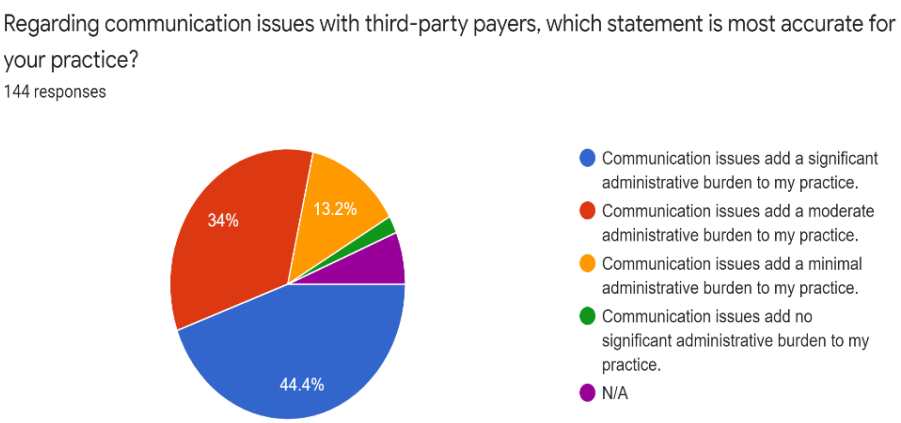
"I hire this service from a professional, but this year with the addition of two Medicaid providers (which to get on the panels for because existing clients shifted to Medicaid during the pandemic) the burden of rejected claims and confused responses from the insurers has been absolutely terrible. After we are through the pandemic, I may never take another Medicaid client, and I had always reserved a portion of my practice for under-served patients. I can figure out how to do that without having the hassle of seeking payment through a Medicaid provider. In one case I work with the insurance company on its non-Medicaid, exchange based plans and have little difficulty." - Counselor

"Once you find the right person to talk to it ok, but it takes a significant amount of time to get to that right person." - Counselor

"Especially frustrating when insurance companies deny claims because of errors on their part, and we must pay our staff to file again and make calls to insurance co - Counselor

"Often it takes me 2-3 tries before I get the right person on the line. The person who I'm talking to can only tell me what they see on the screen. If I need additional help, they are not authorized to take action. If I ask to speak to a supervisor, the supervisor is in a meeting and I'm told will call me later. Usually, that call never comes so it takes significant time out of my day on multiple days to get the situation resolved." - Counselor

Communication



78% of respondents shared that communication adds a significant or moderate burden to their practice. Respondents indicated that finding the right contact information is often very time consuming, and that when speaking on the phone there are often language barriers or there is no agent available with the authority to answer provider questions. Email was a preferred method of communication as it reduces the possibility of inconsistent or inaccurate information.

"Many times, our calls have to be transferred 2-3 times before someone can really help us and that is if you can get out of the automated system to speak to an actual person. Email would be much better. It is difficult for therapists to make phone calls while seeing patients. Then it is difficult to find out who to call, the waits are long, the information received is not consistent." – Counselor

"I have been transferred seven times for one client billing issue. 1-1/2 hours and got nowhere. When ask to,speak with a supervisor, they disconnect call or say one is not available. If they promise to have one call you back, this does not occur." – Social Worker

General Comments

"I feel that insurance companies are not acting in the interest of clients. They are looking to spend the least amount of money possible, no matter what the client needs. The rules for approval and denial appear to be arbitrary and dependent on who reviews the paperwork. The people who review the paperwork often have no education or background in mental health and make decisions that are not supportive of client's mental health needs. The rules and expectations of the insurance companies on the agency seem to change often without much rhyme or reason.

Time spent completing paperwork and following up and completing peer-to-peer reviews takes away from quality of client care. Quality of client care at our agency has decreased as a direct result of accepting third party payers. Treatment has become prescriptive instead of collaborative because instead of working with our client to individualize their care, we are required to play to what the insurance companies want us to do."
– Chemical Dependency Counselor.

"To be able to assist practitioners with expediting the process for billing. It is currently a time-consuming process and takes away from the delivery of patient care. For example, it an Opioid patient is seeking treatment that is a strength and this patient needs assistance when the patient presents for treatment. This type of scenario can be a life-or-death situation for the patient, but insurance company delays the process for this type of patient to get the drug treatment that they need. In drug treatment there is often a small window of

time to assist this population when they present for treatment, and insurance companies slows down the process dramatically. This needs to be addressed immediately." – Chemical Dependency Counselor

"Insurance driven care is a concern, especially when insurance companies determine how many minutes per session clients are eligible for under specific diagnoses (as in which billing codes they'll pay for) or dictate session limits. Also concerned about insurance companies setting limits or paying less for telehealth sessions once the emergency order in Ohio ends."- Counselor

"The time involved in trying to speak to a person is horrendous." - Psychiatrist

"Providers are the experts in patient care. The fact that insurance companies are dictating how to provide for our patients (how often, when, and for how long) issuing threatening clawbacks only pushes experienced providers to leave third-party payers." - Psychologist

Recommendations:

- Make both email and phone contact information readily available to all paneled providers.
- Fully utilize CAQH to reduce redundancy and streamline credentialing.
- Provide clarification on the reasoning behind restrictions or denials on patient care when it contradicts the provider's opinion.

Conclusion:

The Behavioral Health Provider Coalition for Insurance Advocacy seeks to create opportunities for open, collaborative dialogue with representatives from third-party payers to support our members in their efforts to provide high quality behavioral healthcare in Ohio. Our intention is to continue to poll our members on their experiences and offer summaries in the form of a regular report. We look forward to discussing this and future reports with all third-party payer representatives.

Member organizations:
National Association of Social Workers, Ohio Chapter
Ohio Psychological Association
Ohio Counseling Association
Ohio Psychiatric Physicians Association
Ohio Association of Drug Counselors

Primary contact: Jim Broyles of the Ohio Psychological Association (jbroyles@ohpsych.org)