UMASS DONAHUE INSTITUTE • APPLIED RESEARCH & PROGRAM EVALUATION

The Challenges of Private Practice

A Study of Clinicians' Experiences Providing Mental Health Care in Massachusetts

April 2015



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The University of Massachusetts Donahue Institute (UMDI) is the public service, outreach, and economic development unit of the University of Massachusetts President's Office. Established in 1971, UMDI strives to make the resources of the University accessible through services that combine theory and innovation with public and private sector applications.

UMDI's Applied Research and Program Evaluation group specializes in applied social science research, including program evaluation, policy research, and organizational needs assessment. The group has designed and implemented numerous innovative research and evaluation projects for a variety of public and private sector clients in the fields of K–12 and higher education, public health, human services, and economic development. Contact us about our services and collaborative research approach at:

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UMDI and Clinicians*UNITED* gratefully acknowledge The Massachusetts Human Service Workers' Union, SEIU Local 509, for supporting this research project and the hundreds of Massachusetts clinicians who took the time to respond to the survey.

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Introduction

The University of Massachusetts Donahue Institute (UMDI) was retained to develop, implement, and analyze the results of a survey of private practice clinicians throughout the Commonwealth of Massachusetts as part of a broader Clinicians*UNITED* effort to examine policy impact on the affordability and accessibility of mental health care in Massachusetts. Clinicians*UNITED* is a multidisciplinary group of behavioral health clinicians who are associate members of the Massachusetts Human Service Workers Union, SEIU Local 509. The project was conducted over a seven-month period, from May 2014 through December 2014.

In 2012, the Massachusetts legislature passed Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation." This next phase of health care reform was designed to control health care cost growth through a number of mechanisms, including the creation of new commissions and agencies to monitor and enforce the health care cost growth, adoption of alternative payment methodologies, increased price transparency, investments in wellness and prevention, an expanded primary care workforce, a focus on health resource planning, and further support for health information technology, among others. Most relevant to independent behavioral health clinicians was the move toward integrating physical and behavioral health services through the creation of additional accountable care organizations (ACOs) and patient-centered medical home systems. Given these reforms and the rapidly changing landscape in which independent clinicians must operate, Clinicians*UNITED* identified the need to gather information about what private practice mental health clinicians and their clients are facing in the current treatment environment. This survey was commissioned to address this need.

The overall goal of the survey was to document the broad range of experiences private practice clinicians have when engaging with insurance companies and the health care payment system. In particular, the survey attempted to document the issues clinicians throughout the Commonwealth encounter when working with insurance providers as members of insurance panels, including dissatisfaction with reimbursement rates, attempts to join panels, authorization of services, and retroactive claims denial provisions (clawbacks). The survey also assessed the extent to which clinicians feel informed about health care payment changes connected with payment reform in Massachusetts and reforms associated with the Affordable Care Act. Finally, the survey documented demographic and professional characteristics of clinicians and assessed the extent to which the Clinicians*UNITED* campaign is focusing on the issues most concerning to private practice clinicians.

This report summarizes the major findings from the survey.

Methodology

Instrument Development

Prior to UMDI's involvement in the survey project, Clinicians*UNITED* worked with a group of clinicians to develop an initial draft of the instrument. Using that initial draft as a starting point, UMDI facilitated several discussions with Clinicians*UNITED* to further develop and refine the instrument. Once the instrument was finalized, it was sent to SEIU Local 509 counsel for review and approval. The primary purpose of the review was to ensure that the clinicians responding to the survey would not be in violation of antitrust statutes. The final instrument is included in Appendix A.

Data Collection

Upon completion of the instrument, the survey was programmed in Qualtrics, a web-based survey platform. Once programmed, the survey was tested by Clinicians*UNITED* staff and affiliated clinicians. After a few minor revisions, the survey was emailed to 2,521 addresses, culled from various public sources and clinician contact information compiled by Clinicians*UNITED*.

Data collection began in mid-July 2014 and the survey remained open until October 10, 2014. Throughout the course of data collection, non-responders received several reminders to complete the survey. The initial reminder went out in late July, the second reminder was sent in mid-August, and the third reminder was sent in early September. In total, 521 clinicians on the email list completed the survey.

In addition to the email list, the survey methodology employed a "snowball sample" to increase reach and the overall number of survey responses, particularly to those clinicians not at all connected to Clinicians*UNITED*. In these cases, clinicians who completed the survey received a "thank you" email with a request to forward the survey to any and all clinicians they know in private practice or post the survey link to any professional Listservs to which they subscribe. Thank you emails were sent to over 400 clinicians in early August. Finally, in early September, Clinicians*UNITED* sent a mass mailing (primarily to licensed independent clinical social workers) with information about their organization and a flyer about the survey that included the web link. Recipients of the mailing were encouraged to complete the survey if they had not already done so. While it is impossible to know how many unique individuals received a request to complete the survey, saw the link posted on a Listserv, or opened the mailing, a total of 264 clinicians outside existing Clinicians*UNITED* networks completed the survey using this method.

Survey Response

In the nearly three months that the survey was open, 734 individuals completed the survey and an additional 141 individuals began the survey but did not complete it. Of the 141 incomplete survey responses, 86 responses were deleted and 55 responses were included in the final dataset. Deleted responses include those records where less than one-half of all questions were answered, including key questions about having a private practice and insurance participation. Further data cleaning identified two records in which the respondent "didn't know" if he or she was in private practice, and two records in which respondents were working exclusively outside of

Massachusetts. These four responses were also deleted, resulting in 785 total responses. Of these, 662 (84.3%) are currently in private practice.

As shown in Table 1, the overall response rate to the email list survey mailing was 24.4% after invalid email addresses were removed. Given that it is impossible to estimate how many unique private practice clinicians received a request from a colleague to complete the survey, saw the link posted online, or opened the mailing, a response rate for those who completed the survey using the general web link cannot be calculated.

Table 1: Email List Response Rate

Total Emailed Survey Link	2,521
Of these, Bounce Backs/Invalid Addresses Ineligibles	 346 38
Total Eligible Emails	2,137
Total on Email List who Completed Survey	521
Email List Response Rate	24.4%

Note: Email recipients who are ineligible include individuals who are not clinicians, those no longer practicing, and those no longer practicing in Massachusetts.

The extent to which the 785 survey responses are a representative sample of all private practice clinicians throughout the Commonwealth is unknown as there is no central database containing the characteristics of this workforce. However, it was important to the validity of the survey that the survey respondents not all be clinicians affiliated with Clinicians*UNITED*. In order to assess the extent to which survey respondents were affiliated with Clinicians*UNITED*, a question about knowledge of Clinicians*UNITED*'s efforts was added to the end of the survey.

Of the 744 respondents who answered the question, 9.1% indicated being a member of Clinicians*UNITED* and 10.6% intend to join Clinicians*UNITED* for a total of 19.7%. While nearly one-fifth of respondents is actively engaged with Clinicians*UNITED* or intends to join their efforts, a similar percentage has no interest in Clinicians*UNITED* (19.5%). The remaining 60.8% of respondents have varying degrees of familiarity with and interest in Clinicians*UNITED*. While it may not be possible to verify that the survey is a truly representative sample, it is clear the respondents are not universally supportive of, interested in, or affiliated with Clinicians*UNITED*.

Results

Characteristics of Private Practice Clinicians

As shown in Table 2, of the 785 clinicians completing the survey, 662 indicated being in private practice (84.3%). An additional 20 respondents had been in private practice in the past but were not practicing at the time. The 123 clinicians not in private practice were only asked a small subset of questions.

Of those in private practice, more than three-quarters of respondents were women. Private practice clinicians ranged in age from 27 to 82 years with an average age of 57. Ninety-seven percent of private practice clinicians identified their race as Caucasian. Although representation of minority racial and ethnic groups was low among respondents, it is interesting to note that 7.3% said they provide clinical services in a language other than English. Some languages noted include Spanish, Portuguese, and American Sign Language.

Table 2: Characteristics of Survey Respondents

	Number	Percent
Total Completing Survey	**785**	**100.0%**
In private practice	662	84.3%
Not in private practice	123	15.7%
Of Clinicians in Private Practice (n=662):		
Gender		
Female	502	76.1%
Male	157	23.8%
Transgender	1	0.2%
Age		
Range	27–82 years	—
Mean	57.1 years	—
Median	58.0 years	—
Race/Ethnicity*		
Caucasian/White	642	97.0%
Latino	15	2.3%
Other	13	2.0%
African American/Black	10	1.5%
Native American	8	1.2%
Asian	3	0.5%
Provides Clinical Services in Language other than English	47	7.3%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
Note: Numbers may not add to the total of 662 private practice clinicians due to missing data. Percentages calculated based on the total number responding to the question.
* Respondents may have selected more than one race/ethnicity.

Factors Influencing Clinicians' Choice not to Work in Private Practice

I do not want my income to be dependent on whether a client shows up for the appointment.

I like having the support of a larger agency, clinically, as well as administratively.

I found working with insurance panels to be stressful.

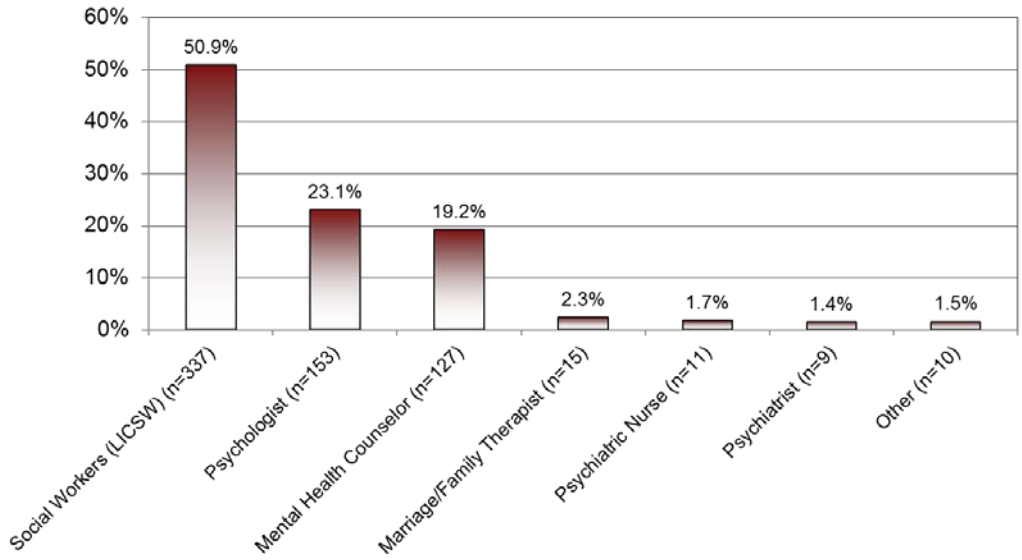
Getting reimbursement is too difficult and time consuming a process.

Collateral contacts and other work that supports good clinical care is unpaid by insurance.

As shown in Figure 1, just over one-half of private practice clinicians responding to the survey indicated that they are social workers. An additional 42.3% of clinicians were psychologists (23.1%) or mental health counselors (19.2%). These three groups account for more than 90% of all survey respondents.

Among psychologists, 50.3% had a PhD, 35.6% have a PsyD, and 14.1% have an EdD. While virtually all psychologists provided therapy (97.4%), 18.3% also provided psychological testing and 9.8% provided neuropsychological testing. While very few psychiatrists and psychiatric nurses participated in the survey (n=20), it is interesting to note that 30.0% conducted therapy only, 5% provided psychopharmacological service only, and 65.0% did both.

Figure 1: Discipline or Type of License of Private Practice Clinicians (n=662)



The number of years in private practice varied among respondents from those with relatively little experience (1 year) to those with decades of experience (45 years), with an average of 16.4 years in private practice (Table 3).

The survey asked private practice clinicians about three specific areas of specialization: child therapy, eating disorders, and substance abuse. Overall, 22.1% of private practice clinicians indicated having no particular specialty. Of the remaining clinicians, 21.3% specialized in child therapy, 11.3% specialized in eating disorders, and 16.0% specialized in substance abuse treatment (Table 3). In addition, 61.6% indicated having one or more "other" specialties (in addition to or in place of the three specifically named). By far, the most commonly cited other specialty was "trauma, abuse, or post-traumatic stress disorder," with 131 clinicians citing this as an area of specialization. In addition, 91 private practice clinicians indicated couples and marital therapy as a specialty, 36 worked with families, 34 specialized in working with the LGBTQQIA community, and 32 specialized in treating depression.

Table 3: Characteristics of Private Practice Clinicians

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Years in Private Practice		
Range	1–45 years	—
Mean	16.4 years	—
Median	15.0 years	—
Specialty*		
Child Therapy	141	21.3%
Substance Abuse	106	16.0%
Eating Disorders	75	11.3%
Other	408	61.6%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
***** Respondents may have selected more than one specialty.

In addition to their private practice, 20.7% of clinicians also worked for another agency or institution (Table 4). Of the 137 private practice clinicians also working for an agency or institution, 47.4% were with a community-based mental health / counseling center or other human services provider, 16.1% were with a medical or psychiatric hospital, and 13.1% were with an institution of higher education. For the most part, clinicians also employed by an agency or institution were in salaried positions. Two notable exceptions include those working for an institution of higher education, and those working for a community-based mental health / counseling center or other human services agency. Among these unsalaried clinicians, 64.3% of those working for an institution of higher education and 53.3% of those working in a community-based agency were fee-for-service.

Table 4: Additional Employment

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Works for agency or institution in addition to private practice	137	20.7%
Of those working for an agency or institution, type of agency in which they are employed:*		
Community-based Mental Health / Counseling Center or Other Human Services Agency	65	47.4%
Medical or Psychiatric Hospital	22	16.1%
Higher Education Institution	18	13.1%
Primary/Ambulatory Health Care	11	8.0%
Elementary of Secondary Education Institution	9	6.6%
Governmental Agency	8	5.8%
Substance Abuse Treatment Facility	5	3.6%
Group Practice	2	1.5%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
***** Respondents may have selected more than one agency.

Characteristics of the Practice

The vast majority of private practice clinicians (85.2%) reported having a solo practice (Table 5). When asked about the geographic region(s) served by the practice, 45.1% indicated that they provide clinical services in the greater Boston area. In addition, 15.5% reported providing services in the North Shore area and 12.1% reported providing services in the Pioneer Valley.

Table 5: Characteristics of Private Practice

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Type of Practice		
Solo	562	85.2%
Group	80	12.1%
Other	18	2.7%
Geographic Region Served*		
Greater Boston	354	45.1%
North Shore	122	15.5%
Pioneer Valley	95	12.1%
South Shore	73	9.3%
Central MA	50	6.4%
Cape & Islands	38	4.8%
Berkshires	15	1.9%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
***Respondents may have selected more than one specialty.

Of the 662 private practice clinicians, 651 provided information about the total number of billable hours they devote to their practice (Table 6). Billable hours ranged from 1 per week to 55 per week, with 20.60 average hours per week. In addition to total billable hours, private practice clinicians were asked to provide information about the amount of time spent on particular tasks. Of those reporting any time spent on these tasks, clinicians spent an average of 2.01 hours per week on collateral work, 3.31 hours on administrative work, 2.36 hours on insurance-related work, 1.48 hours on case consultation, and 1.55 hours on family consultation.

Table 6: Amount of Time Devoted to Private Practice

	Number Clinicians	Range	Mean	Median
Total Billable Hours per Week	**651**	**1 – 55**	**20.61**	**20.00**
Hours Spent per Week on:				
Administrative Work	644	1 – 20	3.31	2.00
Collateral Work	608	1 – 10	2.01	1.00
Case Consultation	589	1 – 22	1.48	1.00
Insurance-Related Work	584	1 – 20	2.36	2.00
Family Consultation	377	1 – 20	1.55	1.00

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

Of the clinicians providing information about their total billable hours (651), 134 reported 28 or more billable hours per week (suggesting that their private practice is their primary employment). Among these, 120 provided estimates of hours spent on administrative work and insurance-related work. Overall, the mean number of billable hours among this group is 32.5 with an additional 7.1 hours spent on administrative and insurance-related work. This suggests that private practice clinicians are spending nearly 18% of their work time on non-reimbursable administrative duties.

Eighty-one percent of private practice clinicians reported turning away one or more potential patients/clients each month, and nearly one-half of clinicians reported an increase in the past year in the number they turn away (Table 7). The number typically turned away each month varied drastically from one potential patient/client to 50 patients/clients, with a monthly average of 4.93.

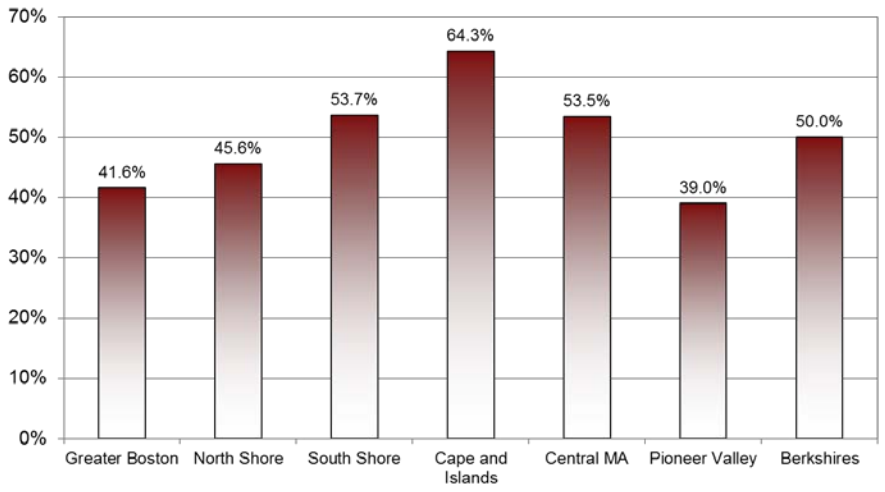
Table 7: Ability to Take On New Patients or Clients

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Clinicians Who Turn Away One or More Patients/Clients in an Average Month	536	81.0%
Number of Patients/Clients Turned Away		
Range	1 – 50	—
Mean	4.93	—
Median	4.00	—
Reasons for Turning Patients/Clients Away*		
Not on Patient/Client's Insurance Panel	404	61.0%
Practice is Full	327	49.4%
Cannot Arrange Time	279	42.1%
Not Your Area of Expertise	211	31.9%
Accessibility of Location	54	8.2%
Other	54	8.2%
Change in Number of Patients/Clients Turned Away Over Past Year		
Increase	274	49.1%
Decrease	31	5.6%
No Change	253	45.3%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
***** Respondents may have selected more than one reason.

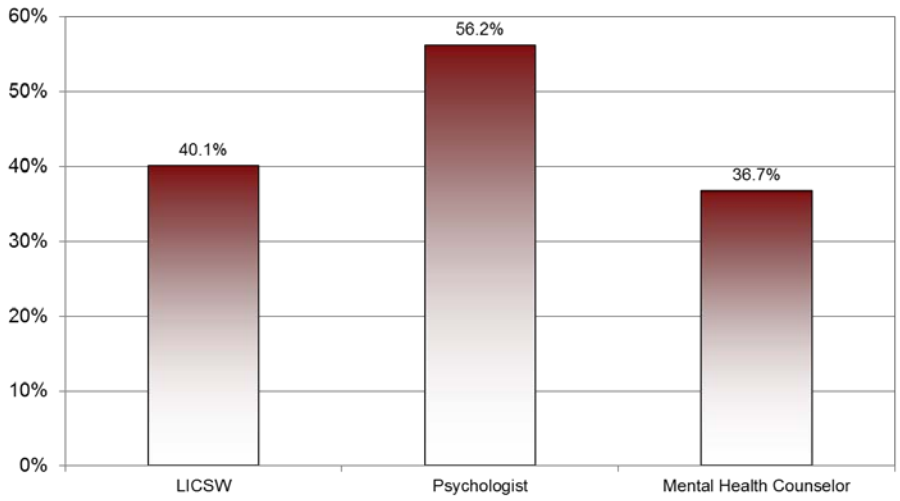
Of clinicians who turn away one or more patients each month, 44.0% typically turn away five or more patients. As shown in Figure 2, more than half of private practice clinicians serving the Cape and Islands, the South Shore, and Central MA typically turn away five or more patients each month.

Figure 2: Clinicians Who Turn Away Five or More Patients/Clients in an Average Month by Geographic Area Served



Of clinicians who typically turn away one or more potential patients/clients each month, psychologists are the most likely to turn away five or more people seeking treatment (Figure 3).

Figure 3: Clinicians Who Turn Away Five or More Patients/Clients in an Average Month by Type of Clinician



By far, the most common reason for turning away potential patients/clients was not being on the individual's insurance panel (61.0%), followed by having a full practice (49.4%), not be able to arrange a meeting time (42.1%), and not having the expertise to meet the individual's needs (31.9%). Fifty-four clinicians provided other reasons for turning away clients. The most common among these included not wanting to work with the individual's insurance company, the severity of the individual's needs, and a poor fit between clinician and individual.

Participation on Insurance Panels

Of the 662 private practice clinicians included in the survey, 84.5% of them participated in one or more insurance panels (Table 8). These clinicians estimated that, on average, 86% of their patients/clients use insurance to pay for services.

Table 8: Insurance Panel Participation

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Insurance Participation		
Accepts insurance through participation in insurance panels and accepts out-of-network benefits for insurances when not on the panel.	346	52.3%
Accepts insurance through participation in insurance panels.	213	32.2%
Not on any insurance panels, but accepts out-of-network benefits if patient's insurance provides this benefit.	60	9.1%
Does not accept insurance. All private practice patients pay out-of-pocket.	39	5.9%
Don't know / Not applicable	4	0.8%
Total Accepting Insurance through Participation in Insurance Panels	559	84.5%
Of Those Participating in Insurance Panels (N=559):		
Estimated Percentage of Patients/Clients Using Insurance to Pay for Services		
Range	0 – 100	—
Mean	85.58	—
Median	90.00	—
Of Those Not Currently on Insurance Panels (n=103):		
Former Participants on Panels	76	73.8%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

Private practice clinicians who were not on a panel often had participated in the past. Of the 103 not participating at the time of the survey, 73.8% had participated at one point. When asked what factors have deterred them from participating in panels, clinicians commonly reported the following reasons: financial issues such as concerns about reimbursement rates and issues with getting reimbursed (n=91); the amount of time spent on administrative issues such as paperwork, communication, and getting onto panels (n=82); and concerns related to care being managed such as intrusion into treatment, the need to request and track number of authorizations, ethical concerns, and issues related to medical necessity, confidentiality, and clawbacks (n=65). Finally, eight clinicians reported that they were not on panels because they simply distrust the financial interests of insurance companies.

As shown in Figure 4, private practice clinicians serving the Greater Boston area and the Berkshires are the least likely to participate in insurance panels.

Participation in insurance panels appears to be associated with the number of years clinicians have been in private practice (Figure 5). For example, where nearly 95 percent of those in private practice for five years or less participate in insurance panels, only 72.2% of those with 21 or more years in private practice participate in panels. Comments provided by clinicians not participating in insurance panels suggest that those with many years of experience feel undervalued by insurance companies. For instance, one clinician stated, "I felt I was underpaid for the amount of training, expertise, and experience I had. A person with much less training and experience makes the same amount as someone with decades of work, training, and self-analysis."

Figure 4: Private Practice Clinicians Participating in Insurance Panels by Geographic Area Served

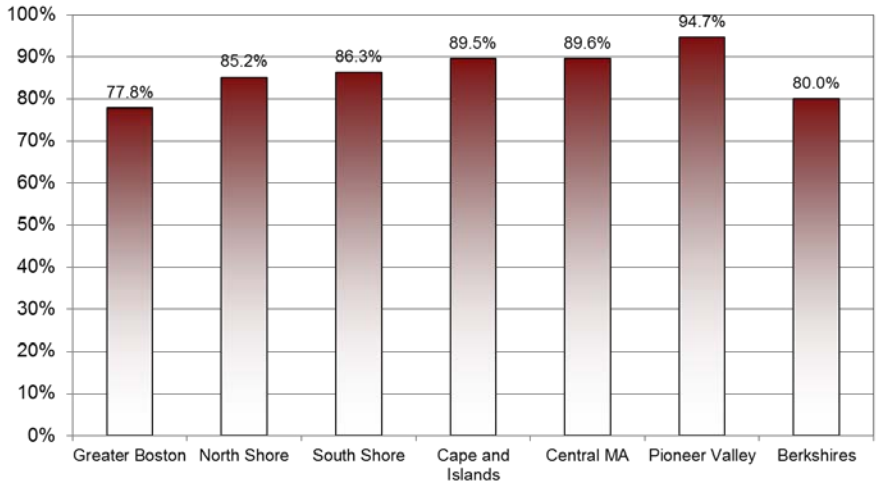
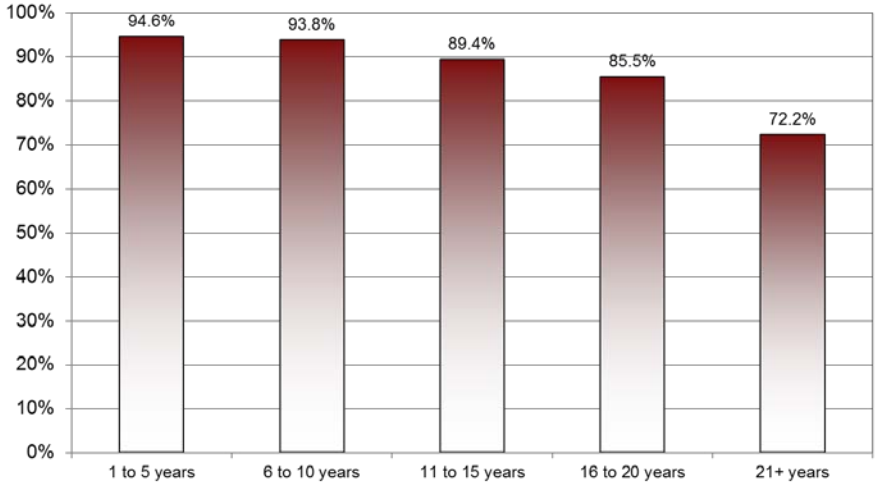


Figure 5: Private Practice Clinicians Participating in Insurance Panels by Years in Private Practice



Reasons for Not Participating on Panels

Time consuming processes were instituted, including lengthy authorization procedures for neuropsych testing. These procedures left me unable to provide quality services to client. It became a frequent event that I would spend over 3 hours on paperwork and phone calls, in order to receive authorization for only 8 hours to assess a complicated mental health issue with psychological testing. I simply could not afford the time and financial losses involved in accepting insurance payments, although this leaves many clients without mental health care.

The paperwork was so ridiculously encumbered that it took longer to follow up payment than it did to see the client.

I can't afford it. I have a PhD in counseling psychology and over 35 years experience. I have taught at institutes and universities and given trainings worldwide, and I was paid less than novice social workers whom I supervised. If I am on a panel I am required to accept this lower payment for all clients who have this insurance. I prefer to offer a sliding scale which allows me to reduce my fee for people who really need it and still make a living wage.

I came to feel that both the client and the clinician were being treated as the enemy of the insurance company rather than that the insurance company was a partner in care. This was not the case in earlier years before the explicit profit motive was prominent.

Table 9 summarizes panel participation across major insurers in Massachusetts. Blue Cross Blue Shield plans had the highest participation (88.9% participate in the HMO and 87.7% participate in the PPO and Indemnity plans), followed by Tufts HMO (58.9%), United Behavioral Health / Optum (58.7%), Harvard Pilgrim Health Care (58.5%), and United Healthcare (50.3%).

Ten or more percent of clinicians indicated that they had once participated in Cigna (14.7%), ValueOptions (12.9%), Aetna (12.5%), and Magellan (10.0%), but resigned from the panels. Furthermore, 9.7% of clinicians indicated trying to join Massachusetts Behavioral Health Partnership, but were unsuccessful. This experience was also reported by 8.9% of clinicians who tried to join Tufts HMO and 8.4% of clinicians who tried to join Harvard Pilgrim Health Care.

Table 9: Insurance Panel Participation By Insurance Company
Number of Clinicians Participating On One or More Insurance Panels = 559

Insurer [Behavioral Health Carve-out]	Currently Participates	Former Participant, but Resigned	Tried to Join, but was Unsuccessful	No Reported Affiliation
Blue Cross Blue Shield (BCBS) HMO	88.9%	1.3%	1.1%	8.8%
Blue Cross Blue Shield (BCBS) PPO and Indemnity	87.7%	1.4%	0.5%	10.4%
Tufts HMO	58.9%	1.4%	8.9%	30.8%
United Behavioral Health / Optum	58.7%	8.4%	5.2%	27.7%
Harvard Pilgrim Health Care [Optum]	58.5%	8.2%	8.4%	24.8%
United Healthcare [Optum]	50.3%	6.3%	3.8%	39.7%
Aetna	45.8%	12.5%	7.0%	34.7%
Medicare	45.8%	5.9%	3.2%	45.1%
Neighborhood Health Plan [Beacon Health Strategies]	33.1%	5.7%	3.6%	57.6%
Boston Medical Center (BMC) HealthNet [Beacon Health Strategies]	32.4%	6.8%	4.3%	32.6%
Fallon [Beacon Health Strategies]	28.8%	8.6%	3.9%	58.7%
Magellan	28.8%	10.0%	3.2%	58.0%
Cigna	28.3%	14.7%	7.0%	50.1%
UniCare [Beacon Health Strategies]	28.1%	4.3%	1.4%	66.2%
ValueOptions	26.1%	12.9%	3.2%	57.7%
CHAMPUS / TRICARE	20.4%	7.2%	3.4%	69.0%
Network Health	16.5%	3.4%	5.5%	74.5%
MassHealth Secondary: Qualified Medicare Beneficiary (QMB)	15.9%	2.7%	4.7%	76.8%
Health New England	13.8%	0.9%	5.7%	79.6%
Massachusetts Behavioral Health Partnership (MBHP)	13.8%	4.3%	9.7%	72.2%
Teamsters	8.6%	1.6%	1.3%	88.5%
CeltiCare [Cenpatico]	6.8%	2.5%	2.1%	88.6%
One Care	3.8%	0.5%	1.4%	94.3%
Senior Whole Health	2.7%	0.0%	1.3%	96.1%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
Note: The list of payer entities included on this table represent those known to be operating in Massachusetts at the time the survey was developed. Primary insurers often subcontract management of behavioral or mental health benefits to other entities, and some of these subcontracting relationships may have changed since the survey was implemented.

Of those currently participating in insurance panels, 35.6% reported resigning from at least one panel in the past five years, 41.3% reported being unsuccessful in joining a panel in the past five years, and 63.5% reported that they considered joining at least one panel in the past five years but chose not to pursue it (Table 10).

Table 10: Insurance Panel Participation

	Number	Percent
Total Private Practice Clinicians Currently Participating in Insurance Panels	**559**	**100.0%**
Of those Currently Participating in an Insurance Panel:		
Private practice clinicians who resigned from an insurance panel in past 5 years	199	35.6%
Of those who resigned, reasons for resigning from panel:*		
Reimbursement rates	181	90.1%
Difficulty with payment	100	50.3%
Difficulty with billing	84	42.2%
Reauthorization policies	82	41.2%
Prior authorization policies	60	30.2%
Other	29	14.6%
Details on contract	19	9.5%
Private practice clinicians who were unsuccessful in their attempt to join a panel in past 5 years	231	41.3%
Of those who were unsuccessful, reasons for not being accepted:†		
Insurer not accepting providers in service area	157	68.0%
Insurer not accepting new providers	138	59.7%
Insurer only accepting certain specialties	63	27.3%
Problem during application process	32	13.9%
Other	22	9.5%
Insurer not accepting credentials	19	8.2%
Private practice clinicians who considered joining an insurance panel in past 5 years, but did not pursue it	355	63.5%
Of those who did not join a panel, reason for not pursuing it:‡		
Reimbursement rates	313	88.2%
Difficulty with payment	120	33.8%
Reauthorization policies	115	32.4%
Difficulty with billing	105	29.6%
Prior authorization policies	104	29.3%
Details on contract	70	19.7%
Other	53	14.9%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

* Percentages calculated as total of those who resigned from a panel in past 5 years. Respondents may have selected more than one reason.

† Percentages calculated as total of those not accepted into a panel in past 5 years. Respondents may have selected more than one reason.

‡ Percentages calculated as total of those not joining a panel in past 5 years. Respondents may have selected more than one reason.

Among those who resigned from a panel or chose not to join one, the most common reason for their action was reimbursement rates (90.1% and 88.2%, respectively). In both cases, difficulty with payment was the second most common factor influencing their decision to resign or not pursue joining a panel (50.3% and 33.8%, respectively). Nearly 15% of clinicians cited other reasons for resigning or not joining a panel. Among those who resigned, the provided reasons generally focused on being frustrated with the policies, procedures, and behavior of the panel or the lack of patients/clients using the plan. Among those who chose not to join a panel, other reasons almost entirely consisted of the difficulty managing the application process.

Among those who attempted to join a panel in the past 5 years, but had been unsuccessful (231 clinicians), 68.0% attributed this outcome to insurers not accepting providers in their service area and 59.7% attributed it to insurers not accepting any new providers (Table 10).

Clinicians with fewer years in private practice were more likely than their more seasoned counterparts to be unsuccessful in joining at least one panel in the past five years (Figure 6). In fact, those with 5 years or fewer in private practice were twice as likely as those with 21 or more years to report an unsuccessful attempt to join a panel. Furthermore, the type of license held by the clinician appears to be a factor as well. As shown in Figure 7, psychologists were less likely than LICSWs and mental health counselors to be unsuccessful in their attempt to join an insurance panel.

Figure 6: Private Practice Clinicians who were Unsuccessful in their Attempt to Join a Panel in Past 5 Years by Years in Private Practice

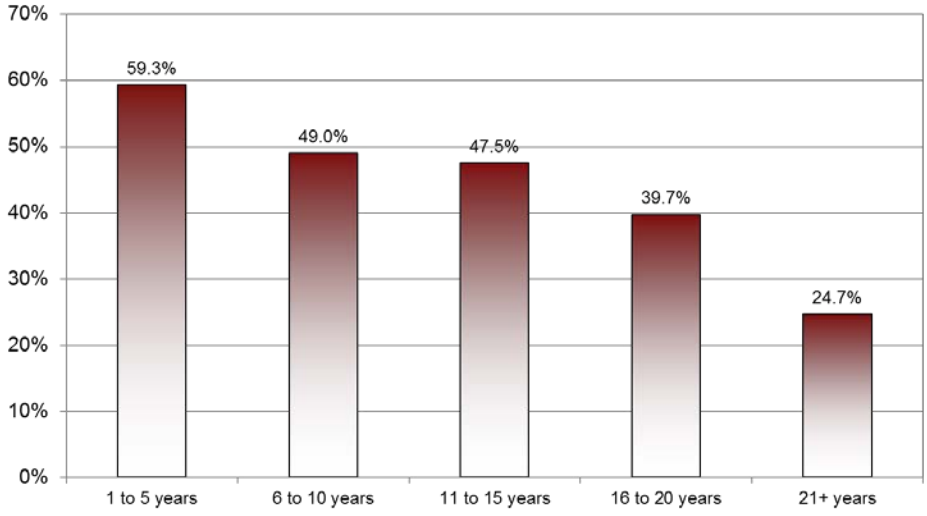
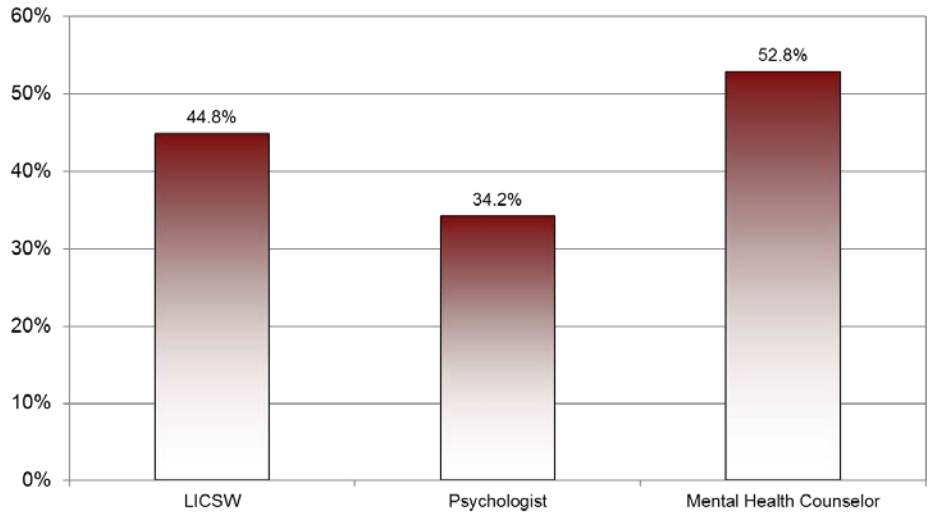


Figure 7: Private Practice Clinicians who were Unsuccessful in their Attempt to Join a Panel in Past 5 Years by Type of Clinician



Experience with Insurance Plans and Panels

The survey asked a series of questions about clinicians' experiences with insurance panels as part of their private practice, including their experiences requesting authorization of care, unpaid claims, and audits.

Authorization of Care

Clinicians provided information about their experiences requesting authorization of care, including initial authorization, authorization for continuing care, and authorization for higher levels of care. Of the 559 clinicians participating in insurance panels, 528 provided information about their experiences requesting initial insurance authorization for care in the past year. As shown in Table 11, 18.2% received at least one denial when requesting initial authorization of care (n=96). For clinicians who received at least one denial, the average number of patients/clients denied during initial authorization was 3.89. Among the various types of authorization requested, initial authorization was the least likely to be denied; 81.8% did not receive any denials during initial authorization (n=432).

In the past year, 496 clinicians requested authorization of continued care, with 33.7% reporting at least one instance of having continued care denied before they believed termination of treatment was clinically appropriate. Of those who had at least one patient denied continuing care (n=167), the average number of patient/clients denied was 2.83. In addition, 529 clinicians requested a higher level of care for one or more patients/clients in the past year. Of these, 24.6% received at least one denial to provide the requested level of clinically appropriate care. When asked to describe a situation in which they received a denial for continuing care, private practice clinicians noted receiving denials for the full number of sessions they felt was appropriate (n=63), the level of care they felt was appropriate (n=44), and the type of session (e.g., crisis, home visit, group) they felt was appropriate (n=18).

Finally, of the 74 clinicians who provide testing and reporting services, 34 reported that an insurance panel approved insufficient hours for testing and reporting in the past year.

Table 11: Experiences with Insurance Companies and Insurance Panels

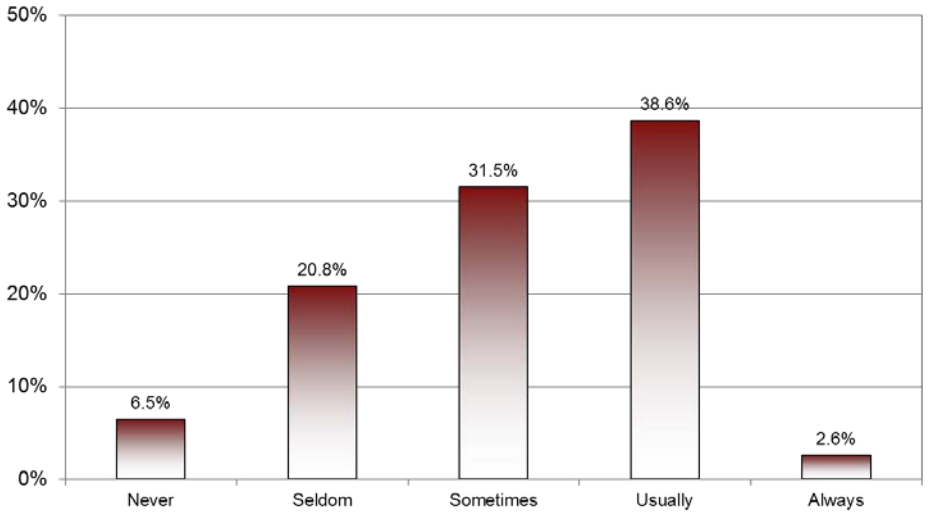
	Number	Percent
Total Private Practice Clinicians Currently Participating in Insurance Panels	**559**	**100.0%**
Of those Currently Participating in Insurance Panels, Private Practice Clinicians Reporting that in the Past 12 Months They:*		
Requested initial authorization for care (n=528) that was denied.	96	18.2%
Requested authorization for continued care (n=496) that was denied before termination was appropriate.	167	33.7%
Requested a higher level of clinically appropriate care (n=529) that was denied.	130	24.6%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

* Respondents may have selected more than one response.

As shown in Figure 8, more than one-quarter of clinicians were of the opinion that insurance panels never (6.5%) or seldom (20.8%) authorize a sufficient number of sessions to provide appropriate care. Nearly one-third felt that they sometimes authorize a sufficient number of sessions (31.5%), and 38.6% felt that they usually authorize sufficient sessions. Less than 3% felt that authorization of sessions is always sufficient. Furthermore, 37.0% received notice that the insurer would only reimburse for less frequent sessions. Among those who received such notification at least once, the average number of times they received this notice was 3.20.

Figure 8: Private Practice Clinicians' Perception of How Often the Number of Sessions Authorized by Panels is Sufficient to Provide Care



Examples of Insurance Company Denying a Higher Level of Care than Was Deemed Clinically Necessary by Clinician

Was seeing child with severe needs who needed intensive service, but her insurance only covered outpatient and full hospitalization, not the level of care she needed.

I referred a client with an eating disorder to residential care, which was denied by the insurance. She was sent to an outpatient program instead, but she decompensated because the level of care was too low, and ended up being admitted to the emergency room.

Within months of meeting with this client, it became clear to both of us that she was decompensating quickly and needed a higher level of care. She had never received psychological or psychiatric care of any kind, and was therefore denied funding for placement in a residential treatment facility. Despite the client's desire for residential care and my strong recommendation that it was the most appropriate treatment, the insurance company argued that she had not failed at lower levels of care, thus residential treatment wasn't warranted. This decision was made in spite of numerous complicating factors (co-existing and chronic medical illnesses, self-harm behaviors, suicidality, and family discord).

Requested partial hospitalization due to increased SI [suicidal ideation] -- denied by insurance company; client ultimately attempted suicide.

Issues related to authorizations and the denials of clinically appropriate care often require clinicians to engage in advocacy efforts on behalf of their clients/patients. Overall, 70.3% of clinicians participating in panels reported advocating for one or more clients/patients in the past 12 months. When asked to describe circumstances requiring advocacy, 277 clinicians described situations in which they advocated for continued treatment.

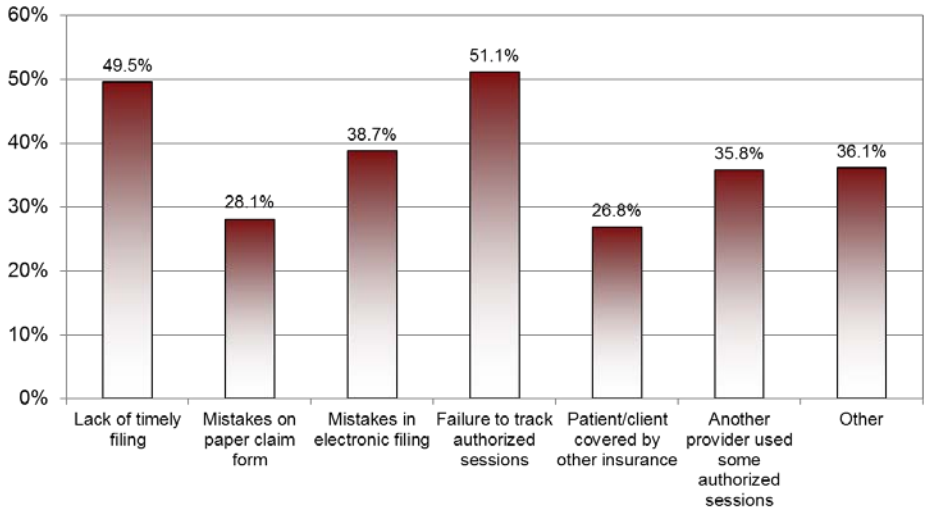
Unpaid Claims

Private practice clinicians currently participating in insurance panels were asked to estimate the number of unpaid claims in the past 12 months. In total, 515 clinicians provided a response and 475 provided a specific number. The remaining 40 clinicians either stated they were unsure or felt the number was too difficult to calculate (n=19), or wrote in a comment about unpaid claims (n=21). For instance, one clinician described having many denied claims that were ultimately paid with significant advocacy by a billing service. One clinician offered that about 5% were denied as a result of bureaucratic errors that were fixed, and another stated that "there have been hundreds of denials, some of which are later overturned/corrected." Finally, one clinician who reported having no unpaid claims further noted that that was achieved by "jumping through many hoops."

Among those who estimated the number of unpaid claims in the past 12 months, estimates ranged from 0 to 100. Given the range of responses offered, it is difficult to assess the extent to which there is consistent reporting for this question. Some clinicians may have reported multiple unpaid claims related to one client as a single unpaid claim, while others may have reported each unpaid claim for one client as multiple unpaid claims. Despite these concerns about the consistency of the information, the data suggest that 65.9% of the 475 who provided an estimate had at least one unpaid claim in the past 12 months (n=313) while 34.1% had no unpaid claims (n=162). Of those with at least one unpaid claim, 57.5% reported having between one and ten unpaid claims, and 42.5% had more than 10.

The most common reasons provided by managed care organizations (MCOs) to clinicians to justify lack of payment included failure to track authorized sessions (51.1%), lack of timely filing (49.5%), and mistakes in electronic filing (38.7%). In addition, 36.1% of clinicians cited other reasons for unpaid claims, including issues with the patient's insurance coverage and deductible, issues with authorization and referrals, problems with the diagnosis and coding, and mistakes by the insurance company. When negotiating with insurance companies regarding unpaid claims, 13.1% of clinicians felt that they and their clients were never treated fairly and 28.2% felt they were seldom treated fairly, while 40.5% felt they were sometimes treated fairly.

Figure 9: Reasons Provided for Unpaid Claims



Insurance Company Audits

As shown in Table 12, 10.0% of respondents participating in insurance panels have been audited in the past five years. One-half of the audits were to determine if clinical notes adequately documented that treatment was medically necessary and 41.1% were to determine if clinical notes corresponded to dates billed. Twenty-five clinicians reported other reasons for the audit, including that the insurance company claimed to be conducting a random audit or that the reason for the audit was "vague" or "unspecified."

In total, six clinicians were asked to return money they had already been reimbursed. While these six represent a small percentage of all private practice clinicians responding to the survey, they represent 10% of clinicians who have been audited in the past five years. Of those asked to return money, the amounts they were asked to return ranged from $35 to $30,000 with four of the six being asked to return $1,000 or more.

Table 12: Experiences with Insurance Company Audits

	Number	Percent
Total Private Practice Clinicians Currently Participating in Insurance Panels	**559**	**100.0%**
Of those Currently Participating in Insurance Panels, Clinicians who have been Audited in Past 5 Years	56	10.0%
Reasons for Audit were to Determine Whether:		
Insurance company was primary or secondary insurer at time of service	3	5.4%
Clinical notes corresponded to dates billed	23	41.1%
Clinical notes adequately documented that treatment was medically necessary	28	50.0%
Other	25	44.6%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
* Respondents may have selected more than one response.

Changes in Practice Due to Insurance Company Policies

As shown in Table 13, more than one-half of private practice clinicians currently participating in insurance panels reported that in the past year they tended to take fewer patients/clients from certain insurance plans (56.4%) and modified care because of insurance panel policies and practices (55.8%). When asked to describe how they have modified care, clinicians generally cited changes related to having less frequent sessions, reducing the amount of time spent during a session, and reducing the overall duration of treatment. However, they also described changing the ways in which they work with patients, including increased focus on symptom management, more behaviorally focused treatment, no longer using techniques that require more frequent or longer sessions, and conducting less extensive testing.

Due to insurance company policies or reimbursement rates, clinicians reported a number of ways that they have altered their practice in the past 12 months. Specifically, 41.7% reported increasing the number of hours worked per week and 28.4% reported reducing the length of a standard session.

Clinicians also reported altering their practice in ways that affect access to care among those in need of mental health services. In the past year, 34.2% reported seeing patients less frequently, 33.8% accepted only less complicated patients, and 29.5% took more private pay clients.

Table 13: Changes in How Clinicians Practice

	Number	Percent
Total Private Practice Clinicians Currently Participating in Insurance Panels	**559**	**100.0%**
Of those Currently Participating in Insurance Panels, Private Practice Clinicians Reporting that in the Past 12 Months They:*		
Tended to take fewer patients from certain insurance panels.	315	56.4%
Had to change or modify care because of insurance panel policies and practices.	312	55.8%
Of those Currently Participating in Insurance Panels, Private Practice Clinicians Reporting that in the Past 12 Months They have Altered Their Practice in the Following Ways Due to Insurance Company Policies or Reimbursement Rates:*		
Worked more hours per week	233	41.7%
Saw patients less frequently	191	34.2%
Accepted only less complicated patients	189	33.8%
Increased number of private pay patients	165	29.5%
Decreased the number of minutes for a standard session	159	28.4%
Other	92	16.5%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

* Respondents may have selected more than one response.

Examples of Ways in Which Clinicians Have Modified Care

I began to see the client less often because the insurer's case management dept. questioned the frequency of sessions, stating that the diagnosis did not appear to warrant that frequency.

Some insurance [companies] become intrusive—demanding phone reviews—if clients are seen every week for more than six months. I find the phone reviews to be insulting and demeaning, and do my best to avoid them. I also don't have time to spend on unreimbursed phone calls with insurance companies so I try not to see clients weekly that have these insurances.

Insurance contract forbid billing patient for extra sessions. Therefore only saw client every other week; client was ultimately hospitalized for first time in over 10 years.

Length of sessions has been reduced to 45 minutes due to reimbursement rate and amount of paper work required.

Work less intensively, increase intervals between sessions, lower expectations for outcomes.

Limiting treatment to discrete symptom reduction and building of coping skills vs. treatment that focuses on more vital change, psychological growth, and healing.

I reduced the number of child cases I take because they require so much collateral work that isn't reimbursed.

I have had to limit the amount of trauma cases that I work with in order to survive financially and provide the most effective treatment.

I think carefully about diagnosis codes to be sure they qualify for continued care.

I have reduced the number of insurance panels I am on and therefore my accessibility to my community because some of the insurers provide so few hours for testing that it would not be financially sustainable for me to continue in my practice if I kept taking those insurances.

I have conducted sessions I knew I would not be paid for, in order to be clinically responsible to the needs of a patient.

One client decided to pay out of pocket, because the insurer refused to pay for any treatment unless and until I handed over a copy of his complete record. This was out of line with what any other insurer, ever, has requested. Moreover, it sent a terrible message about the limits of confidentiality.

Private Practice Clinicians' Concerns about the Field

Of the 662 private practice clinicians who completed the survey, nearly one in five have considered, in the past 12 months, leaving private practice (19.0%), 14.2% have considered leaving direct clinical work, and 15.6% have considered leaving the field completely.

Table 14: Private Practice Clinicians Considering a Change

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Private practice clinicians reporting that in the past 12 months they seriously considered:*		
Leaving private practice	126	19.0%
Leaving the field	103	15.6%
Leaving direct clinical work	94	14.2%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
* Respondents may have selected more than one response.

When asked to provide reasons for considering such a change, 260 clinicians provided comments. By far, the most common reason cited related to financial concerns about the low or decreasing reimbursement rates (n=116). Specifically, clinicians mentioned that they are not being paid commensurate with their professional qualifications or years of experience or are working more to be paid less, that they simply cannot earn a living, and that the cost of managing their practice continues to rise while payment does not. However, financial issues were not the only reasons driving their consideration of a change. Other difficulties they faced when working with managed care organizations include the amount of paperwork and administrative tasks; micromanagement by the insurer; and frequent mistakes on the part of the insurer, resulting in denials, unpaid claims, and lack of timely payment.

Although financial issues and dealing with insurers were the primary reasons offered, it is important to note that clinicians also reported that the stress and burnout associated with the work was a factor in considering leaving the field. Clinicians described caseloads in which clients have increasingly more acute and complicated problems with fewer supports and resources available. They described issues of vicarious trauma, work that is too emotionally draining, and the isolation of working with clients alone. Finally, 25 clinicians reported that they are considering a change because they are approaching retirement age.

Reasons for Considering a Professional Change

Working with insurance companies and government regulations has taken a lot of the joy out of work. There is way too much time spent on paperwork and regulations that do nothing to benefit the client.

The culture of managed care requires disempowering the practitioners, a culture at direct odds with the purpose and role of the psychotherapist (to empower others through healing), thus creating an experience of profound dissonance.

I have 2 Masters degrees and a Ph.D. in Psychology and when someone less educated and experienced at the insurance company is making clinical decisions about my patient's care it is concerning as well as offensive, yet it happens all the time.

Beyond the exploitive rates, it is so common that I have to chase down unpaid claims that it consumes a much bigger part of my work week than it should. Lost forms, mistaken rejections, miscommunications between partnered companies is so frequent that one can accurately call it their standard practice.

Getting paid less for a session than I was when I started 26 years ago.

Pay is not commensurate with the level of expertise and education required to do this work, nor is it commensurate with the complexity and importance of behavioral health work. Good mental health is just as important as physical health, but our profession (social workers, mental health counselors, etc.) is paid substantially lower rates than medical professionals.

No paid vacation, no sick leave, no retirement plan, no holidays, no FMLA, employment taxes and most importantly no health insurance, makes continuing accepting insurance a losing proposition.

Even as a student in an inner city clinic I did not have such challenging clinical work as I have faced recently. These are situations I would have preferred not to see outside of an institution that could provide back up, and there was no way to tell before a relationship was established.

Clinical work is so intense and seeing so many people in one day is very emotionally and physically exhausting.

There are fewer resources available for psychiatry and higher levels of care, leaving me feeling more responsible and alone with clients in crisis.

As shown in Table 15, private practice clinicians reported a wide variety of issues of concern. The most common issues included concerns about the future of independent practice (76.0%) and passing legislation allowing clinicians to negotiate with insurance companies as a group (69.5%).

In total, 75 clinicians reported other priority areas. Specific concerns include:

1) Addressing reimbursement rates, including making rates commensurate with experience and standardizing rates
2) Decreasing client/patient copays
3) Allowing the billing of Medicaid clients for missed sessions
4) Adopting the “any willing provider” model
5) Adopting single payer health care
6) Improving case coordination
7) Paying for collateral contacts
8) Improving confidentiality
9) Improving bilingual services

10) Decreasing bureaucratic hassles
11) Eliminating pre-authorization
12) Decreasing audits
13) Improving timely payment
14) Improving communication by MCOs about upcoming changes
15) Changing the corporate ideology of MCOs
16) Increasing sense of collaboration and creating a way to negotiate with MCOs
17) Credentialing LMHCs for Medicare
18) Creating parity between LMHCs and LICSWs
19) Creating parity between LICSWs and psychologists
20) Title protection for LICSWs
21) Improving MCO understanding of mental illness
22) Increasing access to services for dual diagnoses, Medicare/Medicaid patients, psychological testing, psychopharmacology, and extended sessions
23) Decreasing stigma associated with mental illness
24) Ensuring the survival of independent practices

Table 15: Areas of Concern for Private Practice Clinicians

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Private practice clinicians reporting that the following issues are of greatest concern:*		
The future of independent private practice in this era of health care reform	503	76.0%
Passing legislation for immunity/exemption to the antitrust law, allowing clinicians to work together to negotiate with insurance companies	460	69.5%
Integration of mental and behavioral health with physical health and its effect on private practice	363	54.8%
Prior authorization: who determines medical necessity	342	51.7%
Changes in paperwork, billing, and reimbursement policies and procedures (CMS-1500 forms, CPT codes, ICD-10 codes, etc.)	324	48.9%
Health care policy related to the Affordable Care Act (Patient-Centered Medical Homes, Accountable Care Organizations, payment reform, etc.)	316	47.7%
Auditing practices of managed care organizations (including the repayment of reimbursement "clawbacks")	272	41.1%
Insurance companies opening their panels to any willing provider	213	32.2%
How to ensure continuity of care	210	31.7%
Other	75	11.3%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.
* Respondents may have selected more than one response.

Familiarity with Clinicians*UNITED*

Sixty-six percent of respondents have heard of Clinicians*UNITED*. Despite this familiarity, only one-fifth of clinicians are currently members or interested in becoming members (9.7% and 11.3%, respectively).

Table 16: Private Practice Clinicians' Familiarity with Clinicians*UNITED*

	Number	Percent
Total Private Practice Clinicians	**662**	**100.0%**
Private practice clinicians who have heard of Clinicians*UNITED*	437	66.0%
Of those who have heard of Clinicians*UNITED*, the source of their information:*		
Colleague	241	36.4%
Listserv	233	35.2%
Clinicians*UNITED* website	17	2.6%
Facebook	4	0.6%
Attended an event	46	6.9%
Attended a meeting	66	10.0%
Level of interest in Clinicians*UNITED*		
I know very little about the organization and would like to learn more.	132	19.9%
I am interested, but need to learn more before making a decision about joining.	152	23.0%
I am interested, but unsure about joining a union.	92	13.9%
I would like to get involved, but don't know how.	13	2.0%
I intend to join Clinicians*UNITED*.	75	11.3%
I am currently a member of Clinicians*UNITED*.	64	9.7%
I am not interested in Clinicians*UNITED* at this time.	95	14.4%

Source: Clinicians*UNITED* Survey of Private Practice Clinicians.

* Respondents may have selected more than one response.

Conclusion

As the data presented throughout this report suggest, private practice clinicians across the Commonwealth face significant challenges providing care, particularly in relation to working with insurance companies and participating in insurance panels. When asked to describe the most significant barriers to providing quality care in Massachusetts, 491 of the 662 private practice clinicians responding to the survey offered their views about the barriers.

The two most frequent barriers highlighted were related to inadequate reimbursement rates from insurance companies and various problems encountered when dealing with managed care organizations (MCOs). In relation to working with MCOs, clinicians cited barriers such as time-consuming paperwork, which is not reimbursed; the need to apply for and track authorizations; difficulty reaching an insurance representative on the phone; having their clinical work reviewed by poorly trained / non-clinical MCO staff; lack of payment for collateral contacts and coordination of care; denial of payment for psychological testing; being required to bill in a timely fashion; extended wait for payment; unpaid claims; electronic record keeping, authorization requests, billing, and EFT payments; threat of audits and clawbacks; needing to stay informed of random policy and benefit changes, which are poorly communicated by the MCOs; inconsistent policy information provided by insurance staff; CBHI and CANS; and the confusing, time-consuming credentialing process.

The difficulty of working with MCOs and the low reimbursement rates lead to therapist burnout, and they leave clinicians with less time and energy to focus on their clients and do good clinical work. Furthermore, these barriers leave clinicians with the sense that the MCOs are interfering in and devaluing the treatment they provide.

Clinicians expressed concern that low reimbursement rates and the constant challenges they encounter with insurance companies are influencing more experienced clinicians to leave insurance panels, resulting in a two-tiered system. Clients that have the financial resources to pay out-of-pocket can choose who will provide their care and how long their treatment will last. However, those that lack financial resources are increasingly unable to access needed services because they cannot afford deductibles and co-pays or because providers accepting their insurance are simply not available outside of mental health clinics that often have long waiting lists.

However, low reimbursement rates and the challenges encountered when working with insurance companies not only affect the availability of services, they also affect the quality of care. Private practice clinicians are increasingly making adjustments to their practices to keep them financially viable. For instance, poor reimbursement rates force some clinicians to see more patients on a weekly basis, leaving some clinicians concerned that they are not providing the best care possible given time constraints and lack of reimbursement for collateral work.

Clinicians were clearly frustrated because of their perception that many insurance companies, even those that are “non-profit,” appear to make large annual profits. CEOs are seen as receiving exceptionally large salaries while those providing services are struggling to make a living. Moreover, clinicians are concerned that care is dictated by the bottom-line perspective rather than from a therapeutic perspective.

However, issues with insurance companies were not the only perceived problem with providing quality care in Massachusetts. Many clinicians cited the lack of resources across the Commonwealth and acknowledged that there are regional differences in the availability of services. Services specifically mentioned include outpatient clinics, community mental health centers, hospital clinics, inpatient hospitals, acute care facilities, partial hospitals and intensive outpatient programs, residential facilities, detox/substance abuse programs, eating disorder

programs, and services for children and adolescents. Clinicians noted that there is a dearth of psychopharmacologists (both psychiatrists and clinical nurse specialists) accepting insurance, resulting in more patients receiving prescriptions from their medical doctors. They also noted that there are not enough therapists accepting insurance who specialize in the treatment of children and adolescents. At the same time, many clinicians have been told by MCOs that they are not accepting new providers, stating they have sufficient numbers on their panels. However, people seeking services struggle to find a provider who accepts their insurance and has available hours.

Finally, clinicians expressed concern over the ongoing lack of parity between medical health care and mental or behavioral health care, as well as concern about the power insurance companies have to determine "medical necessity." In both cases, clinicians felt that insurance companies lack a fundamental understanding of the care they provide and a lack of respect for its importance to individuals and the communities across the Commonwealth.

For the most part, private practice clinicians who completed the survey viewed the barriers to quality care in Massachusetts as extensive and pervasive. However, many of them also expressed their love for their profession and ongoing commitment to providing quality care.

Appendix A

EMAIL TEXT

Dear NAME:

The University of Massachusetts Donahue Institute has been engaged by Clinicians*UNITED* to gather information about the experiences of mental health clinicians providing services throughout the Commonwealth. The purpose of the survey is to develop a more thorough and systematic understanding of the day-to-day experiences of clinicians and document various aspects of clinical practice. The data collected will paint a clear picture of the realities that clinicians face when providing mental health services. Every response is an important piece of the bigger picture that can help shape strategies to address challenges in the delivery of quality care.
As a clinician licensed to provide independent mental health services in Massachusetts, information about your experiences is critical to developing strategies to improve the delivery of quality services in the Commonwealth. We are asking that you take some time to complete this survey by clicking on the link below.
Your email address has been included in this survey mailing because your contact information was either available on a public space (i.e., a Website) or you have had contact with SEIU or Clinicians*UNITED*.
The information you provide will be transmitted automatically to the Donahue Institute for processing and analysis. The Institute will ensure that your responses remain confidential. Individual responses will never be reported.

Please click on this link to complete the survey: LINK.

If you have any questions about this survey, please feel free to contact me, Christina Citino, at ccitino@donahue.umassp.edu.

Thank you in advance for your participation.

Sincerely,
Christina Citino, Senior Research Manager
UMass Donahue Institute

Introduction

The University of Massachusetts Donahue Institute has been engaged by Clinicians*UNITED* to gather information about the experiences of mental health clinicians providing services throughout the Commonwealth.
The University of Massachusetts Donahue Institute is the public service, outreach, and economic development unit of the University of Massachusetts President's Office. Clinicians*UNITED* is a multidisciplinary group of outpatient clinicians who are associate members of SEIU Local 509. The overall goal of Clinicians*UNITED* is to improve various aspects of practitioners' professional lives, addressing issues such as reimbursement rates, access to insurance panels, and determinations of medical necessity.

Given that the survey asks, among other things, about your experiences with insurers and insurance panels, the Donahue Institute and Clinicians*UNITED* undertook legal review to ensure that the survey would comply with antitrust laws. To that end, the survey was carefully reviewed by an antitrust attorney to confirm that there are no violations of the statute.

This survey is completely voluntary. We ask that you respond, to the best of your ability and recollection, as accurately as possible. Your responses will remain strictly confidential. All data will be reported only in the aggregate.

Please use the navigation buttons, found at the bottom right of your screen, to move through this survey. **DO NOT** use your browser buttons located at the top of your computer screen.

If you have any questions about the survey, please feel free to contact Christina Citino (UMass Donahue Institute) at ccitino@donahue.umassp.edu.

Thank you in advance for your participation!

I. We are interested in understanding the experiences of clinicians who are in private practice, including those who are solely in private practice as well as those who may also work in an agency or institution.

1. Are you a private practice clinician?
   - o Yes *(GO TO Q2)*
   - o No *(GO TO Box Below)*
   - o Don't know/Not applicable *(GO TO Box Below)*

1A. Have you ever been in private practice? o Yes *(GO TO 1B)* o No *(SKIP TO 1E)* o Don't know/Not applicable *(SKIP TO 1E)*
1B. For approximately how many years have you been out of private practice? _____ Years
1C. Why did you leave private practice?
1D. When you were in private practice, did you accept insurance for services provided? o I accepted insurance through participation in insurance panels. o I was not on any insurance panels, but I accepted out-of-network benefits if my patient/client's insurance provided this. o I accepted insurance and out-of-network benefits o I did not accept insurance. All private practice patients/clients paid out-of-pocket.
1E. Do you have any interest in doing private practice work now or in the future? o Yes o No
1F. What, if any, factors are influencing your decision about whether or not to do private practice work? *(SKIP TO Q57.)*

II. The first few questions are about the characteristics of your private practice.

2. Is your practice a solo practice or a group practice?
   - o Solo
   - o Group
   - o Other (Please specify): _____

3. How long have you been in private practice? (If less than one year, please enter 1.)
   _____ Years

4. What geographic region does your private practice serve? (Please select all that apply.)
   - o Greater Boston
   - o North Shore
   - o South Shore
   - o Cape and Islands
   - o Central Mass
   - o Pioneer Valley
   - o Berkshire Region
   - o Other (Please specify): _____

III. The next few questions are about your background and other work you may be doing in addition to your private practice.

5. What is your discipline/type of license?
   - o Marriage and Family Therapist (LMFT) *(SKIP TO Q9)*
   - o Mental Health Counselor (LMHC) *(SKIP TO Q9)*
   - o Psychiatric Nurse (RNCS, RNCS\NP) *(GO TO Q6)*
   - o Psychiatrist (MD) *(GO TO Q6)*
   - o Psychologist (EdD, PhD, or PsyD) *(SKIP TO Q7)*
   - o Social worker (LICSW) *(SKIP TO Q9)*
   - o Other (Please specify): ____ *(SKIP TO Q9)*
   - o Don't know/Not applicable *(SKIP TO Q9)*

6. Which of the following services do you provide?
   - o Therapy only *(SKIP TO Q9)*
   - o Psychopharmacology only *(SKIP TO Q9)*
   - o Both therapy and psychopharmacology *(SKIP TO Q9)*

7. Which of the following degrees do you hold?
   - o EdD
   - o PhD
   - o PsyD
   - o Other (Please specify): _____

8. As a psychologist, which of the following services do you provide? (Please select all that apply.)
   - o Therapy
   - o Neuropsychological testing
   - o Psychological testing

9. What is your gender?
   - o Male
   - o Female
   - o Transgender

10. How old are you?
    _____ Years of age

11. With which of the following racial groups or ethnicities do you identify? (Please select all that apply.)
    - o African American/black
    - o Asian
    - o Caucasian/white
    - o Latino/Hispanic
    - o Native American
    - o Other (Please specify): _____

12. Do you provide clinical services in a language other than English?
    - o Yes *(GO TO Q13)*
    - o No *(SKIP TO Q14)*

13. In what language(s) other than English do you provide clinical services?
    _____

14. In which of the following areas do you specialize? (Please select all that apply.)
    - o Child therapy
    - o Eating disorders
    - o Substance abuse
    - o Other specialty (Please specify): _____
    - o I do not have a specialty

15. Do you receive referrals from one or more Employee Assistance Programs (EAPs)?
    - o Yes
    - o No

16. Thinking only about your private practice work, approximately how many clinical (billable) hours do you work per week?
    _____ Hours

17. Thinking only about your private practice work, approximately how many hours per week do you spend on each of the following when managing your private practice work?

    ____ Hours on Collateral Work (e.g., communicating with other providers or systems, such as family therapists, doctors, teachers, DCF)

    ____ Hours on Administrative Work (e.g., scheduling, billing)

    ____ Hours on Insurance-related Work (e.g., authorizations, insurance claim denials)

    ____ Hours on Case Consultation (e.g., consulting with a peer or supervisor on a case, including clinical supervision)

    ____ Hours on Family Consultation (e.g., communicating with a family member of the client)

18. In addition to your private practice work, do you also work as a clinician for an agency or institution?
    - o Yes *(GO TO Q19)*
    - o No *(SKIP TO Q21)*
    - o Don't know/Not applicable *(SKIP TO Q21)*

19. Please select the type of agency or institution in which you are employed as a clinician. For each agency or institution selected, please indicate if you are salaried or fee-for-service.

o Community-based agency such as a mental health/counseling center or other human services agency	o Salaried o Fee-for-service
o Primary/ambulatory health care, including neighborhood health centers	o Salaried o Fee-for-service
o Substance abuse treatment facility, including outpatient, inpatient, or intensive outpatient	o Salaried o Fee-for-service
o Group practice (other than own private practice)	o Salaried o Fee-for-service
o Medical or psychiatric hospital	o Salaried o Fee-for-service
o Skilled nursing facility	o Salaried o Fee-for-service
o Early education center or early intervention	o Salaried o Fee-for-service
o Elementary or secondary education	o Salaried o Fee-for-service
o Higher education institution	o Salaried o Fee-for-service
o Governmental department (e.g., Department of Mental Health, Department of Developmental Services, Department of Children and Families, Department of Elementary and Secondary Education, etc.)	o Salaried o Fee-for-service
o Other (Please specify):	o Salaried o Fee-for-service

20. In the past 3 years, has your non-private practice work changed from a salaried position to fee-for-service?
    - o Yes
    - o No

IV. The next few questions are about your ability to take on patients or clients.

21. In an average month, approximately how many potential patients/clients do you turn away?
_____ (*IF greater than 0 GO TO Q22, otherwise SKIP TO Q24*)

22. For which of the following reasons are you likely to turn potential patients/clients away? (Please select all that apply.)
    - o Accessibility of location
    - o Because your practice is full
    - o Cannot arrange a time
    - o Not your area of expertise
    - o Not on the panel and patient/client wants to use insurance
    - o Other (Please specify): _____

23. Thinking about the last year, has the average number of potential patients/clients you turn away increased, decreased, or stayed the same?
    - o Increased
    - o Decreased
    - o Stayed the same

V. The next questions are about health insurance you accept as part of your private practice.

24. Do you accept insurance for services provided as part of your private practice?
    - o I accept insurance through participation in insurance panels. *(SKIP TO Q27)*
    - o I am not on any insurance panels, but I accept out-of-network benefits if my patient/client's insurance provides this benefit. *(GO TO Q25)*
    - o I accept insurance through participation in insurance panels and I accept out-of-network benefits for insurances where I am not on the panel. *(SKIP TO Q27)*
    - o I do not accept insurance. All private practice patients/clients pay out-of-pocket. *(GO TO Q25)*
    - o Don't know/Not applicable *(GO TO Q25)*

25. Have you ever accepted insurance through participation on insurance panels?
    - o Yes
    - o No

26. What factors, if any, have deterred you from participating on insurance panels?

    _____

    (SKIP TO Q57)

27. Approximately what percentage of your patients/clients use insurance to pay for your services?
    _____%

28. The list below contains many of the common insurers in Massachusetts. Whenever appropriate, the insurer's behavioral health carve-out or managed behavioral health organization appears in brackets. From the list below, please select all of the insurance panels in which you 1) currently participate, 2) once participated in but no longer do, or 3) tried to join but were unsuccessful.

Insurer [Behavioral Health Carve-out]	Currently Participate	Former Participant, but Resigned	Tried to Join, but was Unsuccessful
Aetna	o	o	o
Blue Cross Blue Shield (BCBS) HMO	o	o	o
Blue Cross Blue Shield (BCBS) PPO and Indemnity	o	o	o
Boston Medical Center (BMC) HealthNet [Beacon Health Strategies]	o	o	o
CeltiCare [Cenpatico]	o	o	o
CHAMPUS / TRICARE	o	o	o
Cigna	o	o	o
Fallon [Beacon Health Strategies]	o	o	o
Harvard Pilgrim Health Care [Optum]	o	o	o
Health New England	o	o	o
Magellan	o	o	o
MassHealth Secondary: Qualified Medicare Beneficiary (QMB)	o	o	o
Massachusetts Behavioral Health Partnership (MBHP)	o	o	o
Medicare	o	o	o
Neighborhood Health Plan [Beacon Health Strategies]	o	o	o
Network Health	o	o	o
One Care	o	o	o
Senior Whole Health	o	o	o
Teamsters	o	o	o
Tufts HMO	o	o	o
UniCare [Beacon Health Strategies]	o	o	o
United Behavioral Health [Optum]	o	o	o
United Healthcare [Optum]	o	o	o
ValueOptions	o	o	o
Other (Please specify): _____	o	o	o

29. Thinking back over the past five years, have you resigned from any insurance panels?
    - o Yes *(GO TO 30)*
    - o No *(SKIP TO 31)*

30. Which of the following reasons best represent why you resigned from an insurance panel in the past five years? (Please select all that apply.)
    - o Reimbursement rates
    - o Prior authorization policies
    - o Reauthorization policies
    - o Difficulty with billing
    - o Difficulty with payment
    - o Details on contract
    - o Other (Please specify): _____

31. Thinking back over the past five years, have you tried to join any insurance panels and been unsuccessful?
    - o Yes *(GO TO 32)*
    - o No *(SKIP TO 33)*

32. Which of the following reasons best represent why you were unsuccessful in joining an insurance panel in the past five years? (Please select all that apply.)
    - o Insurer not accepting any new providers (Panel Closed)
    - o Insurer does not need providers in your service area
    - o Insurer only accepting certain specialties
    - o Insurer not accepting credentials
    - o Problem during application process
    - o Other (Please specify): _____

33. Thinking back over the past five years, are there any insurance panels that you considered joining, but ultimately decided against joining?
    - o Yes *(GO TO 34)*
    - o No *(SKIP TO 35)*

34. Which of the following reasons best represent why you decided against joining an insurance panel in the past five years? (Please select all that apply.)
    - o Reimbursement rates
    - o Prior authorization policies
    - o Reauthorization policies
    - o Difficulty with billing
    - o Difficulty with payment
    - o Details on contract
    - o Other (Please specify): _____

VI. The next section asks about your experiences with insurance panels.

35. Thinking only about your private practice work, how often do you feel that the number of sessions authorized by insurance panels is sufficient to provide appropriate care?
    - o Never
    - o Seldom
    - o Sometimes
    - o Usually
    - o Always

36. Thinking only about your private practice work in the past 12 months, approximately how many patients/clients have been denied care by an insurance panel during initial authorization?
    _____ Number of Patients/Clients Denied

37. Thinking only about your private practice work in the past 12 months, have you requested authorization for continued care for any of your patients/clients that was denied before you felt termination was appropriate?
    - o Yes *(GO TO 37a)*
    - o No *(SKIP TO 38)*
    - o I have not requested authorization for continued care. *(SKIP TO 38)*

37a. In the past 12 months, approximately how many patients/clients have been denied authorization for continued care before you felt termination was appropriate?
    _____ Number of Patients/Clients Denied

38. Thinking only about your private practice work in the past 12 months, have you been told by an insurance panel that they will only reimburse for less frequent therapy sessions?
    - o Yes *(GO TO 38a)*
    - o No *(SKIP TO 39)*
    - o I do not conduct therapy. *(SKIP TO 39)*

38a. In the past 12 months, approximately how many times have you been told by an insurance panel that they will only reimburse for less frequent therapy sessions?
    _____ Number of Times

39. Thinking only about your private practice work in the past 12 months, has an insurance panel approved insufficient hours for testing and reporting?
    - o Yes *(GO TO 39a)*
    - o No *(SKIP TO 40)*
    - o I do not provide testing and reporting services. *(SKIP TO 40)*

39a. In the past 12 months, approximately how many times has an insurance panel approved insufficient hours for testing and reporting?
    _____ Number of Times

40. Thinking only about your private practice work in the past 12 months, have you had to change or modify the care you provide because of insurance panel policies and practices?
    - o Yes *(GOT TO 41)*
    - o No *(GO TO 42)*

41. In what ways and for what reasons did you modify the care you provide?
    _____

42. Thinking only about your private practice work in the past 12 months, have you spent time advocating for patients/clients to insurance companies?
    - o Yes *(GO TO 43)*
    - o No *(SKIP TO 44)*

43. Under what circumstances have you had to advocate for patients/clients in the past year?
    _____

44. Thinking only about your private practice work in the past 12 months, have insurance panels denied a patient/client a higher level of care when you thought it was clinically appropriate?
    - o Yes *(GO TO 45)*
    - o No *(SKIP TO 46)*

45. Please describe a situation in which an insurance panel denied a higher level of care than you felt was clinically appropriate.
    _____

46. Thinking only about your private practice work in the past 12 months, have you tended to take fewer patients/clients from particular insurance panels?
    - o Yes
    - o No

47. Thinking only about your private practice work in the past 12 months, in what ways, if any, have you altered your practice because of insurance company policies or reimbursement rates? (Please select all that apply.)
    - o I have not altered my practice.
    - o I have worked more hours per week.
    - o I have seen patients/clients less frequently.
    - o I have accepted only less complicated patients/clients.
    - o I have increased the number of private pay patients/clients that I see.
    - o I have decreased the number of minutes for a standard session.
    - o Other (Please specify): _____

48. Thinking only about your private practice work in the past 12 months, approximately how many unpaid claims have you had?
    _____ Number of unpaid claims (*IF greater than 0, GO TO 49, otherwise SKIP TO 51*)

49. Which of the following reasons were given for lack of payment? (Please select all that apply.)
    - o Lack of timely filing
    - o Mistakes on paper claim form
    - o Mistakes in electronic filing
    - o Failure to track number of authorized sessions
    - o Patient/client covered by another insurance company
    - o Unaware that another provider had used some of the authorized sessions
    - o Other (Please specify): _____

50. Thinking about unpaid claims in the past year, how often do you feel that you and your client were treated fairly in negotiating payment for these claims?
    - o Never
    - o Seldom
    - o Sometimes
    - o Usually
    - o Always

VII. The next few questions are about being audited by an insurance panel. Please remember that all answers will be kept strictly anonymous and confidential.

51. Have you been audited by an insurance company in the past 5 years?
    - o Yes *(GO TO Q52)*
    - o No *(SKIP TO Q57)*
    - o Don't know/Not applicable *(SKIP TO Q57)*

52. How many years were there between the date of the audit and the claim in question?
    _____ Years

53. How many months and/or years of records did the insurance company review as part of the audit?
    _____ Months of Records
    _____ Years of Records

54. What was the insurance company trying to determine through the audit? (Please select all that apply.)
    - o Whether they were the primary or secondary insurance at the time of service
    - o Whether there were notes that corresponded to the dates billed
    - o Whether notes adequately document that the treatment was medically necessary
    - o Other (Please specify): _____

55. Did the insurance company ask you to repay any money they had already paid for this treatment?
    - o Yes *(GO TO Q56)*
    - o No *(SKIP TO Q57)*

56. How much money did the insurance company ask you to return?
    $_____

VIII. The next few questions are about the current state of the behavioral health field.

57. In the past 12 months, have you seriously considered any of the following changes in your profession? (Please select all that apply.)
    - o Leaving private practice *(GO TO Q58)*
    - o Leaving direct clinical work *(GO TO Q58)*
    - o Leaving the field all together *(GO TO Q58)*
    - o None of the above (*SKIP TO Q59*)

58. What are some of the reasons for considering a change?

    _____

59. Thinking about your continued clinical work in Massachusetts, which, if any, of the following topics are of greatest concern to you? (Please select all that apply.)
    - o Passing legislation for immunity/exemption to the antitrust law, allowing clinicians to work together to negotiate with insurance companies
    - o Health care policy related to the Affordable Care Act (Patient-Centered Medical Homes, Accountable Care Organizations, payment reform, etc.)
    - o Integration of mental and behavioral health with physical health and its effect on private practice
    - o Auditing practices of managed care organizations (including the repayment of reimbursement "clawbacks")
    - o Changes in paperwork, billing, and reimbursement policies and procedures (CMS-1500 forms, CPT codes, ICD-10 codes, etc.)
    - o The future of independent private practice in this era of health care reform
    - o How to ensure continuity of care
    - o Prior authorization: who determines medical necessity
    - o Insurance companies opening their panels to any willing provider
    - o Other (Please specify): _____

60. In your opinion, what are the most significant barriers to providing quality behavioral health care in Massachusetts?

    _____

IX. The last few questions are about your knowledge of and experience with Clinicians*UNITED*, a multidisciplinary group of outpatient therapists who are associate members of SEIU Local 509.

61. Have you ever heard of Clinicians*UNITED*?
- o Yes *(GO TO 62)*
- o No *(SKIP TO 63)*

62. How did you hear about Clinicians*UNITED*? (Please select all that apply.)
- o Through a colleague
- o On a listserv
- o Through their website
- o Through Facebook
- o At an event I attended
- o Attended a Clinicians*UNITED* meeting

63. Based upon what you currently know about Clinicians*UNITED*, which of the following best describes your level of interest in the organization?
- o I know very little about the organization and would like to learn more.
- o I am interested, but need to learn more before making a decision about joining.
- o I am interested, but unsure about joining a union.
- o I would like to get involved, but don't know how.
- o I intend to join Clinicians*UNITED.*
- o I am currently a member of Clinicians*UNITED.*
- o I am not interested in Clinicians*UNITED* at this time.

X. Thank you for completing this survey!

In the space below, please feel free to articulate any additional comments or thoughts you may have about providing behavioral health services in Massachusetts, such as things you feel work well or things you would like to see change/improve.

_____

A summary of the survey findings will be available in the fall of 2014. If you would like a copy of the summary, please provide your name and email address. As stated in the introduction to this survey, the Donahue Institute will ensure that your responses remain confidential and that your name will never be associated with your individual responses.
Name: _____
Email address: _____

By hitting the '**Submit**' button below, you will be submitting your final answers to this survey and will not be able to go back into the survey to change them.

If you are interested in learning more about the UMass Donahue Institute, please visit donahue.umassp.edu.

If you are interested in learning more about Clinicians*UNITED*, please visit CliniciansUnited.org.