

Ohio Behavioral Health Provider Experiences with Insurance

Focus on Communication

Data collected Fall 2021 thru Spring 2022

Overview:

This report is a follow up to supplement our previous reports and includes qualitative and quantitative data collected in late 2021 through early 2022 from 112 respondents representing five disciplines within the behavioral health workforce: psychiatry, psychology, social work, professional counseling, and chemical dependency counseling. The survey explores general trends that we hope to assess over time and take a deeper look at our memberships' experiences in communicating with insurance companies.

The responses to this survey are summarized in the following themes:

Providers are struggling to find reliable and accessible means of answering their questions

Providers cannot always trust the information they receive from payers, sparking frustration

Take-backs are widespread, increasing confusion and an administrative burden

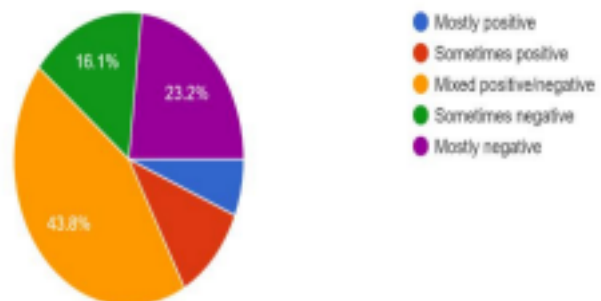
Survey

Summary

Providers are struggling to find reliable and accessible means of answering their questions

When asked to rate their experiences with insurance provider representatives or provider services communication lines, the majority (43.8%) of respondents indicated that they have had mixed positive and negative experiences with 23.2% of all respondents rating their experiences as mostly negative. The results also show that some providers have had positive experiences, which represents those of approximately 16% of respondents.

Rate your general experience interacting with provider representatives or provider services line.
112 responses



"Local companies are typically more informed and will research. The larger insurances are at times hard to understand and are unable to provide answers to some questions [sic]."

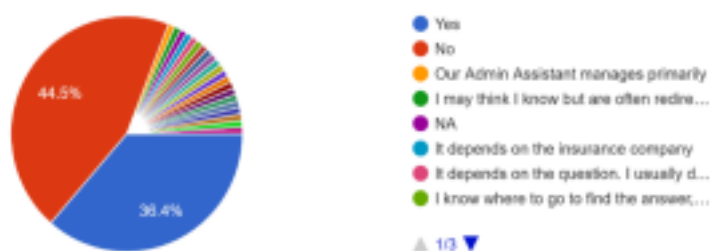


“Trying to make contact with a live person via the phone can be near impossible, requiring long hold times. Attempts at using email often go unanswered altogether. If claims are being processed correctly, there's usually not much of an issue. However, when something goes wrong in the way they process claims, God help you in getting it resolved. I've had to reach out to the state department of insurance on multiple occasions just to get basic issues resolved. If their representative doesn't know the answer to your question, they simply drop the ball and don't care.”

“My biggest concern is being given inaccurate information; I never know if the person I'm talking to actually knows what they're talking about.”

“As a therapist who does her own billing, I do not have time to be on hold for hours, which is often the case.”

When you have a question for an insurance company, do you generally know where to go to find the answer?
110 responses



Consistency with receiving accurate information from insurance companies, the level of knowledge of the insurance representative, and difficulty reaching insurance representatives appear to be the main challenges providers are facing when attempting to communicate with insurance company provider representatives or provider lines.

The positive experiences were generally had with smaller

companies, and those who struggle most communicating with insurance companies are solo providers and small practices. Some respondents also commented on difficulties they experienced with representatives due to language barriers, while others commented on long wait times.

Getting accurate information about plan coverage or help with a claim issue is an important concern identified by most providers. While many insurance companies believe they provide sources for support and information, providers continue to experience barriers to accessing helpful information and support. Many providers are unsure of the right resource to contact or more often reach an insurance plan provider service representative who is unable to answer questions or provide needed help. 45.5% of survey respondents indicate they are unsure of where to turn when they need answers.

“... it's often exceedingly difficult to get resolution to even simple issues. First you have to find the magic numbers to press just so you get placed on hold for long periods before finally reaching a person. Then, they often have no idea why a claim was denied and promise to "send it back" for reprocessing. I've had to go through this process multiple times just to get a single claim fixed. It's a rabbit hole. You can't trust them to do what needs to be done.”

“Knowing where to go for information often does not translate into success in getting answers due to extreme difficulties getting through to knowledgeable reps, e.g., being put on hold for long periods, being transferred and being cut off, etc etc”

“There is one number, and you have to go thru the menu of issues and often, the issue you have is not available on the menu. Then you press a button you think is close and you often wind up out of the loop. Often, you are stuck in an endless loop with a computer voice.”

Providers cannot always trust the information they receive from payers, sparking frustration

How often (if ever) have you received conflicting or inaccurate information from an insurance representative?
110 responses



More than half of the respondents

indicated that they regularly receive conflicting or inaccurate information when communicating with insurance companies. Approximately 39% reported having difficulty sometimes, while a combined 10% rarely or never receive conflicting or inaccurate information from insurance representatives.

According to their responses, respondents are most frustrated with provider representatives not possessing the knowledge to resolve their issues, being provided with conflicting or inaccurate information about authorizations and claims processing and denials, and representatives not being able to resolve their issues after spending long periods of time on the phone with them.

"The frustrating thing is that they often can't resolve the issue once you finally get them on the phone. They say they'll pass it on to a supervisor or send it back for reprocessing. This hardly ever results in a fix."

"Company will say no limits to testing units and then deny coverage of testing after billing is submitted."

"If I have a problem with a claim that has multiple DOS, they will fix one DOS and not the others. Often, you can never get a clear answer as to why the claim is denied."

"They tell you a certain code and modifier, you bill it, they deny it"

"Being told by an insurance representative that a patient had been approved for a service and the family being told by a different representative that the same service had been denied."

"When we receive conflicting information, it can be very hard to tell which information is correct."

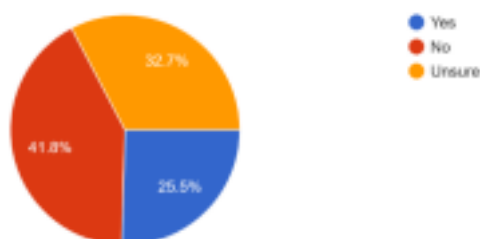
"When we are given incorrect information and act upon it, we are the ones who get penalized even though we are following the company's instructions."

"We have had insurance reps often tell us either "no one knows what is going on here" or "You just have to get to the right person""

"You get a different answer every time you call. Very frustrating"

The increased use of telehealth to deliver healthcare and behavioral healthcare services has become essential since the onset of the pandemic. Insurance company policies regarding whether or which services delivered via telehealth will be covered have evolved continually throughout

Do you feel you are able to get accurate and up to date information about policies regarding telehealth?
110 responses



the pandemic. The greatest confusion for most providers exists around the issue of information resources. 41.8% of survey respondents indicated they are not sure where to turn for accurate or up to date information regarding health plan telehealth coverage.

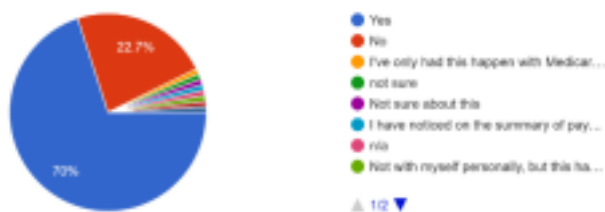
"It is very difficult to find information on the requirements/request for each company. It takes many hours and occasionally we still are unable to get a concrete answer."

"[Insurance company] representatives are not always up to date on their own changing telehealth policies."

"Our billing specialists reports that often there are mixed messages even from within the insurance companies and that the representatives share different information within companies"

Take-backs are widespread, increasing confusion and an administrative burden

Have you experienced insurance companies taking back payments made or reducing payments in order to compensate for previous overpayments?
110 responses



Responses to questions about insurance company take-backs were the most consistent among all questions asked in the survey. The overwhelming majority

of respondents (70%) indicated that they have experienced takebacks or reduction in payments. Only about one quarter of respondents reported never having experienced takebacks or payment reductions, some of whom were not sure or have only experienced it with a public payer source.

"Yes, not often but this has happened and should not be allowed. I once had an insurance company order a back payment from a claim that had been billed a year earlier because they realized that they had mistakenly paid for the claim when it should have been subject to a deductible. By that time, my patient had moved, and I had no way of sending them a bill. "

"For legitimate reasons, usually a billing error on my end, usually billing the wrong primary in error."

"This is an insurance problem, not my problem - if they made a mistake then they need to figure it out without docking my pay. I'm not the one that made the mistake."

"Or the reverse, underpaying and making the correction only after I challenge the payment It has not happened very often."

"This has happened not infrequently. Reimbursing the insurance company for their error is expected quickly, while it can be many months, sometimes more than 6, for me to get paid, for a claim that was inaccurately denied by the insurance company."

"We've notified them of an overpayment/incorrect payment, and they've sent a refund request letter AND taken the overage back at the same time."

"They took money back via a check from me, then sent a letter saying they were wrong. 6 months later I am still trying to get my money back. Another company same thing - only it's been 18 months trying to get it

back.”

“I have experienced an insurer paying the full negotiated rate and then discovering that the client had to pay a large co-pay later which resulted in the insurer not paying several future claims.”

“Oh my gosh YES! AND there hasn't really been an over payment. They paid claim correctly then sent a request for refund. I call them to say the claim was actually paid correctly. They say disregard the refund request. Then later claw back the payment from a completely different client.”

“When they take from patients who are eligible for reimbursement it causes great confusion with not only office staff but the patients.”

“Often the insurance company requests a refund of an overpayment (which was due to their error in the first place), we send a refund, and then they do a take-back anyway. Sometimes they do a take-back without explaining which patient and date of service the takeback is for. This can cause a significant amount of wasted time as our office manager tries to find out what the problem is and to get them to process the claims correctly.”

“This seems to be happening more frequently and very frustrating trying to correct”

The greatest frustration with take-backs and reduced payments appears to be the lack rationale provided by the insurance company for the action, the fact that they often occur months or years after the service has been provided, the sense of being responsible for insurance company errors, and inconsistency by insurance companies with following their own policies regarding this issue or failure to convey their policies in the first place. It also seems that some respondents rarely or never experience take-backs or receive reduced payments, and some believe that such payment adjustments are justified, depending on the nature of the claims issue.

Conclusion

Behavioral healthcare providers are spending inordinate amounts of time seeking answers to questions when that time could be better spent responding to the increasing demand for our services. Providers are interested in staying up to date on policies that impact many patients (ex. telehealth policy changes) and individual patients (i.e. testing limits) in order to avoid billing errors and provide appropriate services, but struggle to know where to turn for reliable answers. Providers report that they are too often unable to even resolve a question because they receive conflicting answers or never were connected to the representative who had the authority to respond. Billing errors occur on the provider and the payer side resulting in the justification for refunds, but providers report that payers are not clearly communicating about this practice when taking back funds, which creates issues in bookkeeping.

Payers could reduce administrative burden on providers by striving to increase consistency and accuracy of answers when a provider calls or emails with a question. Just as providers document services provided to patients, documentation of what answers and guidance are given via provider helplines would go a long way to establish trust and prevent recurring errors. For policy changes with wider impact (i.e. telehealth access) payers would benefit from making their information widely accessible via their website and provider communications.

About the Coalition:

Behavioral Health Providers for Insurance Advocacy strives to advocate for a more collaborative relationship with insurance providers, assure adequate reimbursement, and improve access to the full continuum of care, using the expertise unique to behavioral health service providers. As a coalition we hope to support strong, two-directional communication with behavioral health providers through regular surveying of our membership, assessment of trends and recommendation sharing.

Member organizations:

National Association of Social Workers, Ohio Chapter

Ohio Psychological Association

Ohio Counseling Association

Ohio Psychiatric Physicians Association

Ohio Association of Drug Counselors

Contact email: OBHPIA@gmail.com