



NASW

Insurance Survey Report

May 2024

NASW-CT Chapter

EXECUTIVE SUMMARY

The NASWCT's Insurance Survey revealed critical concerns among Connecticut's social workers, highlighting systemic behavioral health inequities that threaten to limit access to essential services, particularly mental healthcare. Pressing concerns including low reimbursement rates, challenging insurer practices, time constraints, and clawbacks reflect broader health inequities in Connecticut, where access to healthcare is increasingly limited, making it a privilege for the affluent.

Key Findings Include:

- **Widespread Financial Strain: 47.12%** of respondents identified low reimbursement rates as a major challenge, undermining the financial viability of behavioral healthcare practices.
- **Operational and Administrative Burdens:** Providers face significant hurdles, with **33.51%** reporting difficulties working with insurers and **29.32%** highlighting time and efficiency concerns due to administrative complexities.
- **High Participation in Insurance Plans: 72.86%** of social workers participate in commercial insurance plans, and **66.75%** in public insurance plans, reflecting a strong engagement with insurance mechanisms.
- **Consideration of Discontinuing Insurance Participation:** A significant concern is that **41.30%** are considering no longer participating with insurers within the next 12 months, signaling a potential reduction in accessible services for the insured population.
- **Selective Insurance Participation:** Over half (**57.48%**) of the providers limit the insurers they work with, complicating access to care for patients covered under less preferred plans.

Recommendations for Action:

- **Improve the communications of insurers to providers and responsiveness of concerns of providers:** Insurers must enhance provider relations staffing to reduce wait times in getting assistance to providers and resolving issues of concern in a timely manner.
- **Limit on Insurance Clawbacks:** Implement a 12-month cap to provide financial stability for providers and ensure continuity of care for patients.
- **Increase in Reimbursement Rates:** Advocate for fair compensation that reflects the value and costs of healthcare services, supporting the sustainability of practices and access to care.

Conclusion:

These statistics and insights underscore the urgent need for systemic reform. Immediate policy changes are essential to address the financial and operational challenges faced by behavioral

healthcare providers and to combat the deepening health disparities in Connecticut. Ensuring equitable access to behavioral healthcare services for all residents is not only a matter of policy but of fundamental justice.

INTRODUCTION

This report explores why social work practitioners either accept or consider discontinuing insurance plans. It highlights their key concerns and experiences, providing insights from the providers' perspective. It presents a comprehensive analysis of survey data, including a methodology breakdown, data tables, and recommendations. The discussion emphasizes the implications for health equity, underlining the urgency of addressing systemic barriers within Connecticut's behavioral healthcare system.

METHODS

Source of Data

The data for this report was collected through a SurveyMonkey survey titled "Private Practice Survey on Accepting Insurance Coverage," distributed by the NASW CT Chapter to its members via email. This distribution method aimed to reach a broad audience of social workers with experience in private practice settings, focusing on their interactions with insurance coverage.

Questions included:

1. Do you participate with commercial insurance plans?
2. Do you participate in public insurance plans (Medicaid, Medicare, etc.) ?
3. If you answered no to both of the above, your survey is complete please scroll down and submit the survey.
4. Do you limit the insurers you participate with?
5. Are you considering NO LONGER participating with insurers within the next 12 months?
6. If you limit the insurers you accept and/or are considering no longer accepting insurance please tell us why:

Response Rates:

- Question 1 was answered by 398 participants.
- Question 2 was answered by 397 participants (1 skipped).
- Question 3 was answered by 284 participants (114 skipped).
- Question 4 was answered by 294 participants (104 skipped).
- Question 5 was answered by 293 participants (105 skipped).
- Question 6 was answered by 197 participants (201 skipped).

Note that questions 1-2 and 4-5 were formatted as binary (Yes/No) options, designed to capture definitive data points. Question 3, while not strictly binary, offered respondents two distinct choices: 'I answered no to both of the above, I'm finished.' and 'I'm not finished, I'll continue.' In contrast, question 6 was open-ended, enabling respondents to offer detailed feedback on their experiences and the reasons behind potential changes in their insurance participation.

Sampling Method

The sampling strategy can be classified as convenience-based due to the direct access to NASW member emails and the selective outreach to this pre-defined group. This approach was deemed appropriate for efficiently gathering insights from a specific professional cohort - social workers engaged in private practice. Out of 398 responses received, 191 were deemed relevant to question 6 regarding insurance acceptance. It is assumed that those who skipped or did not answer the question might not be involved in private practice, thus narrowing the focus to the 191 responses analyzed for this study. This response rate underscores the salient concerns surrounding insurance issues among private practice practitioners.

Preparation of Data

The data cleaning process involved a rigorous evaluation of responses for their relevancy. Responses deemed not relevant, such as those stating "No," "N/A," or incomplete answers, were excluded from the analysis which were a total of 6 responses.

Analysis Technique

The analysis began with a manual review of each survey response to identify and summarize key points within a dedicated column next to the original comments. This step involved condensing lengthy comments into concise keywords or phrases, such as "time," "reimbursement rate," "delayed payment," "difficult to work with," and more capturing the essence of the practitioners' experiences with insurance coverage.

Based on the condensing, a refined list of recurring keywords and phrases was created. This list served as the foundation for further analysis using software tools to visualize and quantify these key issues. A word cloud was created using TagCrowd.com, which allows for the visualization of word frequency from any data input. This visualization technique assisted in identifying the most dominant themes, highlighting terms like "reimbursement," "payments," and "clawbacks" as key issues due to their frequent appearance in the practitioners' feedback. Additional software tools, including Google Spreadsheet's search function, were employed to identify the frequency of specific terms. This comprehensive approach leads to the identification of umbrella common issues such as reimbursement rates, clawbacks, difficulties working with insurers, insurance errors, claims, financial concerns, and other recurring problems which will be listed below.

FINDINGS

FIGURE 1: Do you participate with commercial insurance plans?

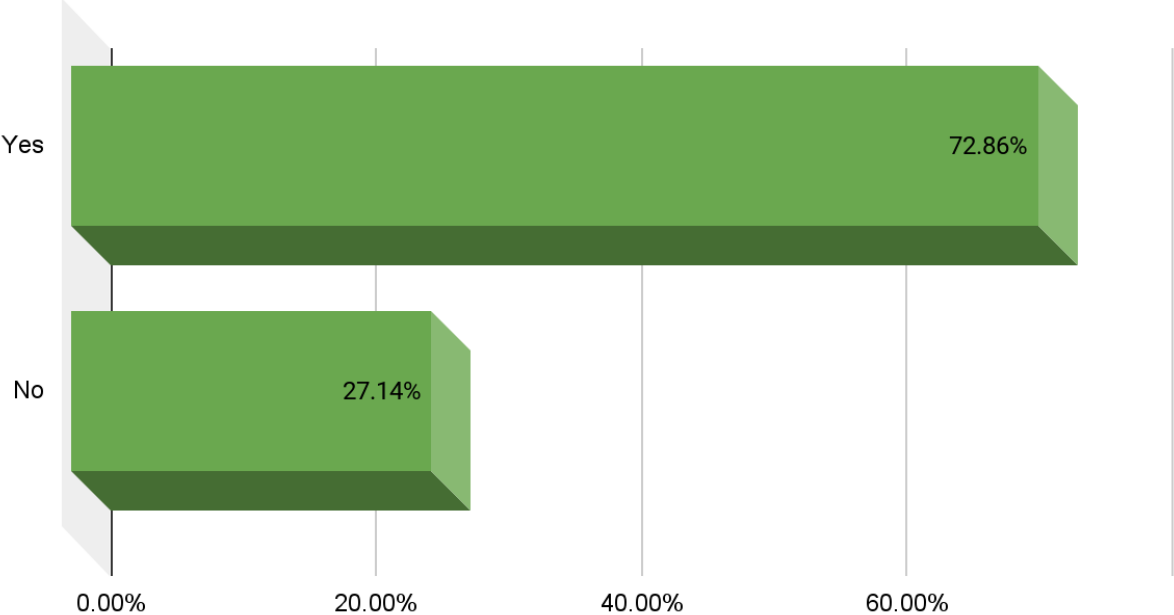


TABLE 1: Do you participate with commercial insurance plans?		
Answer Choices	Responses	Percentage (%) out of 398
Yes	290	72.86%
No	108	27.14%
Total # of respondents:	398	

FIGURE 2: Do you participate in public insurance plans (Medicaid, Medicare, etc.) ?

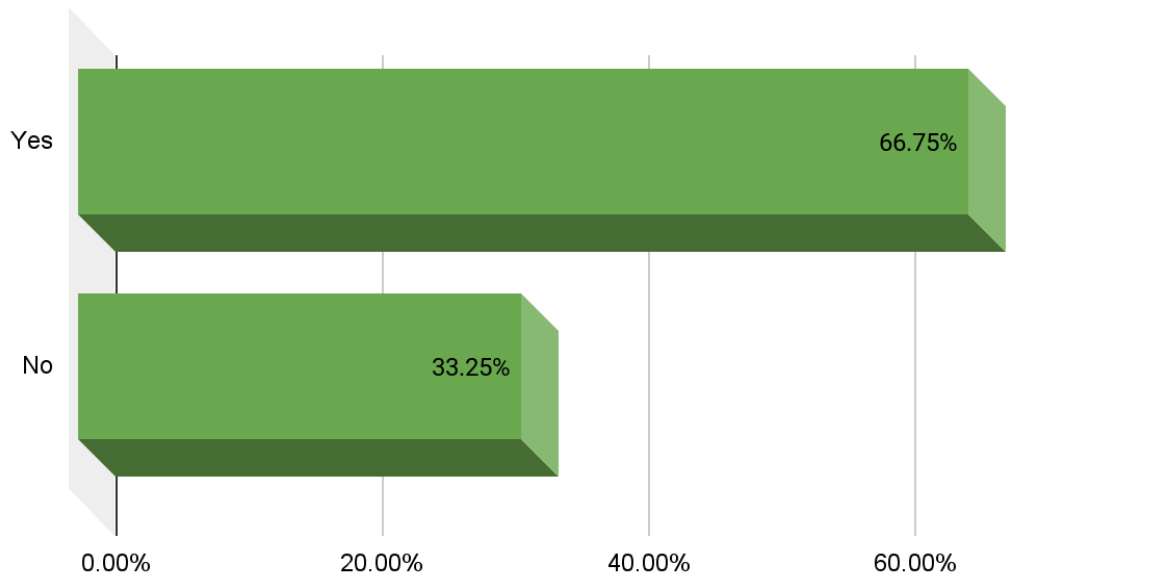


TABLE 2: Do you participate in public insurance plans (Medicaid, Medicare, etc.) ?		
Answer Choices	Responses	Percentage (%) out of 397
Yes	265	66.75%
No	132	33.25%
Total # of respondents:	397 (One Participant Skipped the question)	

FIGURE 3: If you answered no to both of the above, your survey is complete, please scroll down and submit the survey.

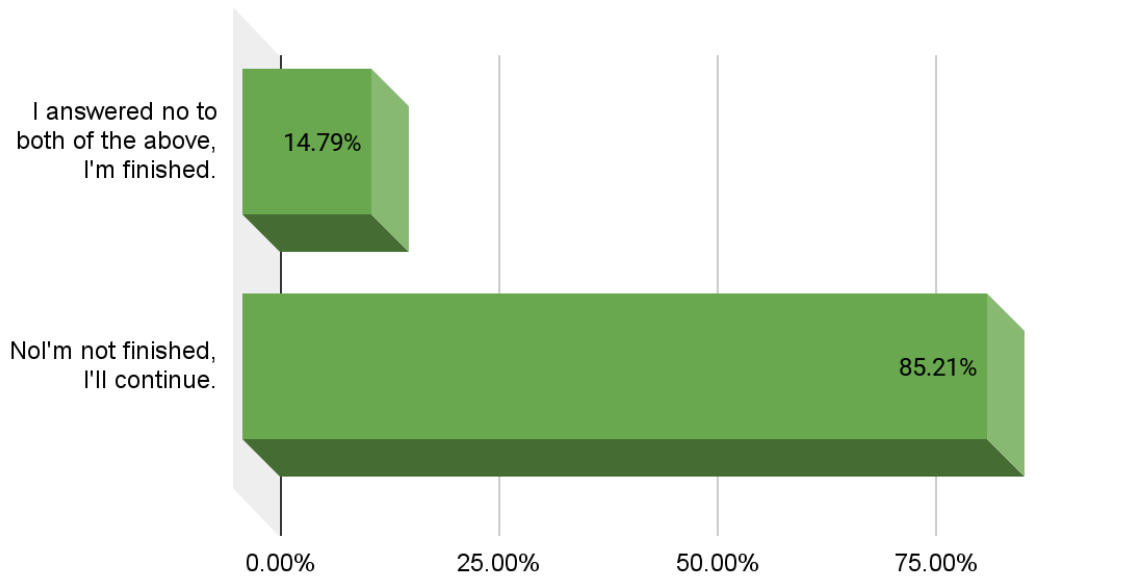


TABLE 3: IF YOU ANSWERED NO TO BOTH OF THE ABOVE, YOUR SURVEY IS COMPLETE, PLEASE SCROLL DOWN AND SUBMIT THE SURVEY.]]		
Answer Choices	Responses	Percentage (%) out of 284
I answered no to both of the above, I'm finished.	42	14.79%
I'm not finished, I'll continue.	242	85.21%
Total # of respondents:	284 (114 Skipped the question)	

FIGURE 4: Do you limit the insurers you participate with?

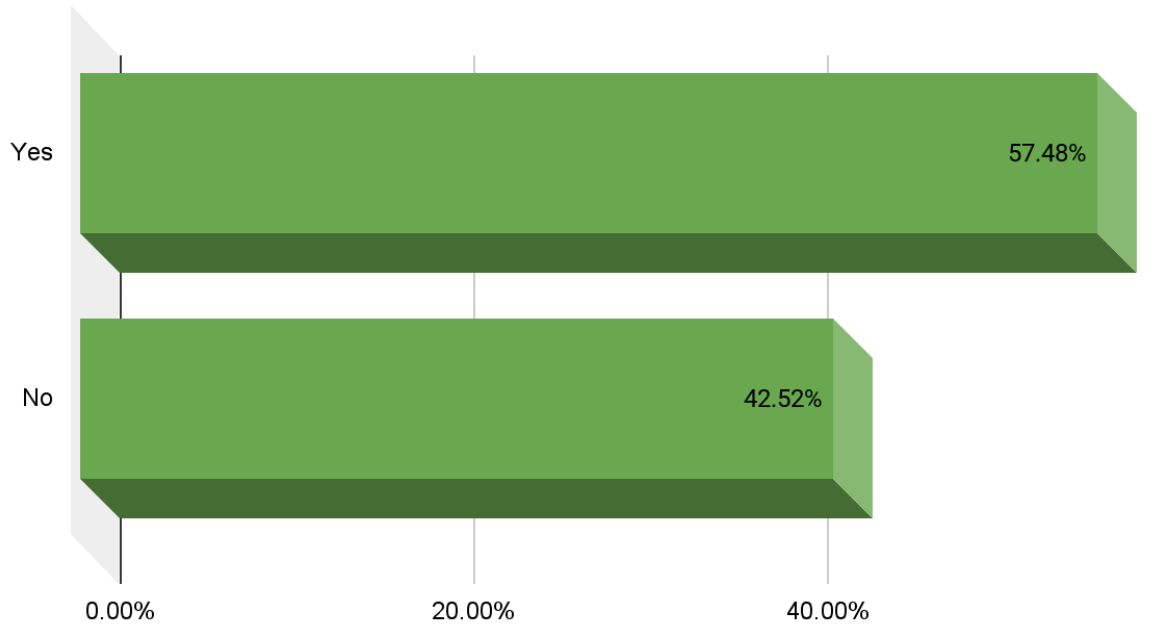


TABLE 4: Do you limit the insurers you participate with?		
Answer Choices	Responses	Percentage (%) out of 294
Yes	169	57.48%
No	125	42.53%
Total # of respondents:	294 (104 Skipped the question)	

FIGURE 5: Are you considering NO LONGER participating with insurers within the next 12 months?

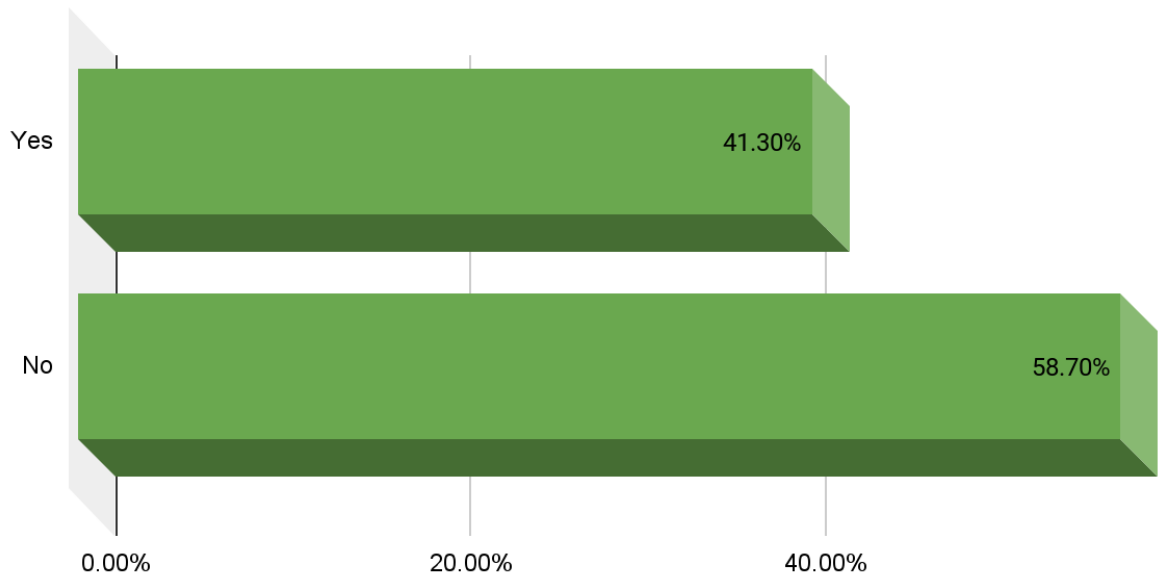


TABLE 5: Are you considering NO LONGER participating with insurers within the next 12 months?		
Answer Choices	Responses	Percentage (%) out of 293
Yes	121	41.30%
No	172	58.70%
Total # of respondents:	293 (105 Skipped the Question)	

FIGURE 6: If you limit the insurers you accept and/or are considering no longer accepting insurance please tell us why?

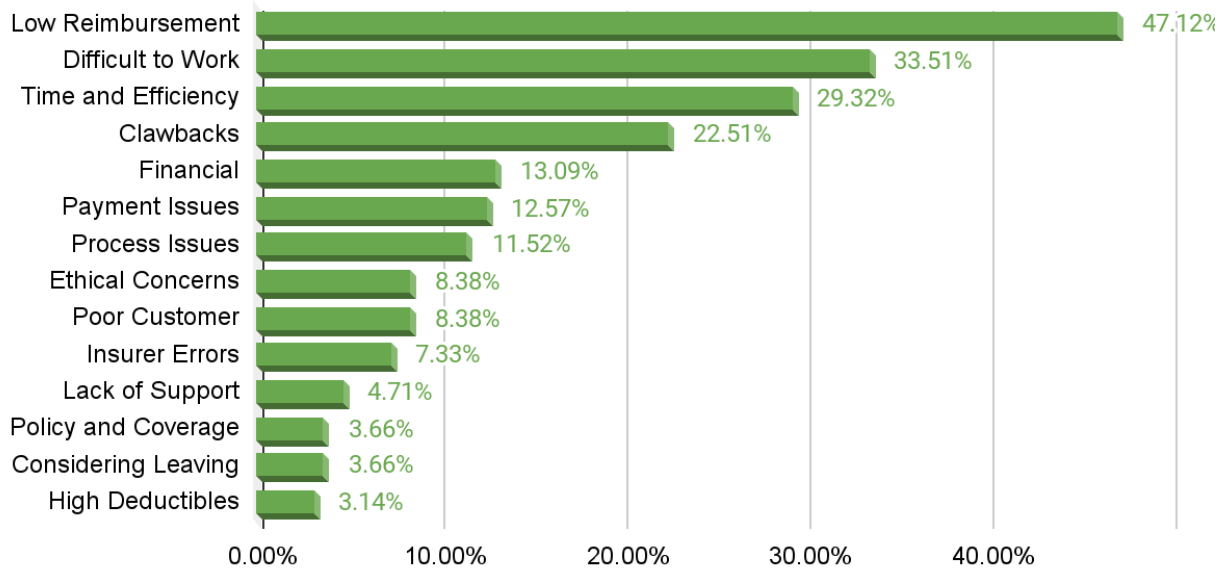


TABLE 6. If you limit the insurers you accept and/or are considering no longer accepting insurance please tell us why? (Organized)

Issue Category	Keywords Included	Frequency	Percentage (%) out of 191
Low Reimbursement Rates	low reimbursement rates, low pay, fee low, low payment	90	47.12%
Difficult to Work With Insurers	insurers difficult, insurers being difficult, difficult to work with	64	33.51%
Time and Efficiency Concerns	time, waitlist, time (wasted), time (it took to deal with errors)	56	29.32%
Clawbacks	clawbacks	43	22.51%
Financial Strain/Stress	financial hardship, financial strain, financial strain, financial loss/strain, financial stress/strain	25	13.09%
Payment Issues	delayed payment, late payments, payments	24	12.57%
Process Issues	claim process, process of claims, credentialing process	22	11.52%

Ethical Concerns	ethical concern, lack of ethical care, ethical concern	16	8.38%
Poor Customer Service	poor customer service	16	8.38%
Insurer Errors	insurer errors, insurance errors	14	7.33%
Lack of Support	not enough support, lack of support	9	4.71%
Policy and Coverage Issues	policy coverage, lack of policy coverage	7	3.66%
Considering Leaving Insurance Panels	considering leaving insurance, considering not participating	7	3.66%
High Deductibles	high deductibles	6	3.14%

The analysis of 191 responses from NASW CT Chapter members highlights significant concerns among private practice social workers about their interactions with insurance providers. The predominant issues include **low reimbursement rates, difficulties working with insurers, time and efficiency concerns, and clawbacks**. Although not explicitly mentioned, many responses suggested that these concerns detrimentally impact the quality of care, hinting at an underlying issue of healthcare equity.

Reimbursement Rates

A recurring theme from the survey was the problem of low reimbursement rates. Practitioners voiced that compensation from insurance companies fails to match the value of their services, leading to feelings of devaluation. This issue was consistently mentioned, signaling a systemic problem affecting the financial sustainability of private practices.

Quotes from Respondents:

“Medicaid and some managed Medicare products reimburse at such a low rate we would not be able to stay in business.”

“...Reimbursement rates are low, so I am considering stopping commercial insurance.”

“ Low reimbursement rates. Reimbursement not keeping pace with inflation and cost of living increases. It is increasingly difficult to maintain a small business with all of the above factors.”

“The reimbursement fees are not contiguous throughout all insurance companies.”

These quotes underscore the widespread dissatisfaction with reimbursement rates, highlighting the financial strain practitioners face and the negative impact on their ability to provide care.

Difficulties Working with Insurers

Respondents frequently cited challenges in dealing with insurance companies, including bureaucratic hurdles, opaque communication, and excessive paperwork. These issues not only consume significant resources but also detract from the time and energy that could be better spent on client care. The administrative burdens imposed by insurance companies are a major source of frustration, as highlighted by the following practitioner experiences:

“...and difficulty dealing with insurance companies when there's a problem: long wait time on the phone, given misinformation, rerouted throughout the company multiple times, and takes weeks to resolve a payment issue. I will accept out-of-network benefits and submit those claims for my client.”

“Insurance companies have way too much power as we all know. They undermine the work that we do with clients when asking for client-related information from us. They use scare tactics and intimidation with small private practices like mine with clawbacks. It is very difficult to work with insurance companies. I continue to do it because I feel for the customers (I am a customer who gets my own personal therapy also) who need to use their insurance. I also fear private pay is not a viable option to keep my doors open, unfortunately.”

“Insurance companies are increasingly hard to deal with regarding demands for client records, delayed payments, and lack of privacy for clients.”

“Insurers are becoming more and more difficult to work with...which has caused more stress on providers, many whom have increasing waitlists because they have to focus their time and energy on endless calls and letters fighting with insurance. This is valuable time that could be spent helping more people”

These experiences reveal the unjust burdens placed on practitioners, complicating their ability to serve clients effectively and raising questions about the compassion and empathy of insurers.

Time and Efficiency Concerns

The significant amount of time spent on insurance-related administration was another critical issue identified. This includes navigating claims processes, addressing billing errors, and dealing with delayed payments, which affect practice operations and client service. The bureaucratic inefficiencies of insurance processes are a significant drain on the time and resources of social workers, as evidenced by their responses:

“Insurers make too many mistakes in reimbursement, are virtually impossible to contact to correct errors. Takes way too much time for a solo practitioner.”

“It is taking a tremendous amount of time to participate in plans”

“I do not have the time and knowledge to navigate many different insurance systems.”

“It takes so much unpaid time to submit claims or to track down unpaid or lost claims”

These accounts highlight the disproportionate impact of administrative tasks on the efficiency of service delivery, particularly for those operating independently or with limited support.

Clawbacks

The issue of clawbacks, where insurance companies demand repayment after compensating for services, emerged as a particularly distressing concern. This practice can impose unexpected financial burdens, undermining the stability and operations of practices. Practitioners expressed their fears and frustrations with clawbacks, emphasizing how such policies influence their decisions to engage with insurance companies:

“... The threat of clawbacks is real and I cannot work under the assumption that my hard-earned payments could be taken back on the whim of an insurance company.”

“clawbacks- no protection in CT”

“I am tired of living under the sword of damocles in terms of clawbacks in a state that does not limit the number of years to which those clawbacks can apply. It is absurd to maintain that these conditions don’t threaten to impact our clinical work and/or our own mental health.”

“There are clawbacks for errors on their part, and they are constantly making errors on payments”

These concerns underline the precarious financial situations faced by practitioners, emphasizing the need for fairer practices from insurance companies. States that limit clawbacks typically have 12-24 month’s timeframes, while CT has the longest period of 60 months.

Ethical Concerns and Equity

Finally, the survey responses touched on ethical concerns related to healthcare equity. The challenges posed by insurance companies potentially limit access to care, especially for those

unable to afford private rates, disproportionately affecting marginalized communities. The intersection of financial, administrative, and ethical issues with healthcare equity, as practitioners articulate their commitment to serving under-resourced populations despite financial hardships:

“I feel ethically obligated to serve under resourced populations therefore I accept Medicaid. Managing the ongoing issues with reimbursement and being undervalued through inadequate reimbursement rates is the reason I do not accept other commercial insurances.”

“I only work with one insurance provider. I feel that the provider in my experience maintains and provides ethical services for their clients while working responsibly and respectfully with providers. I will not consider working directly with the industry (outside this specific company) as I feel that the industry doesn't provide ethical care and compassion or respectful compensation to providers and is a far more dysfunctional and broken system that I generally choose not to participate in.”

“I have explained that I serve the autism population and that there are few providers who have expertise in this area and are continuing to accept insurance. The amount of work I do outside of sessions collaborating with other providers and agencies is considerable. To have my rate decreased was demoralizing. I also run weekly groups to support neurodiverse individuals. These groups are keeping clients out of higher levels of care.”

“Mostly I hate dealing with insurers, and so right now I feel like I just work with a few who are the least noxious. Which is a low bar to set. But the alternative is to only see people who can pay me out of pocket, and I don't want to only work with the relatively well-off.”

“On the one hand we providers are touted as approved clinicians and trusted to care for patients, on the other, we are treated with wariness, mistrust and NEVER offered raises. The insurance companies convey either a fundamental lack of understanding about mental health or a disregard for decent care, or both.”

“I will always take state insurance and see as many people as I can afford to, because otherwise there will be no way that people of little means can find services.”

“...Overall, over the years, I have experienced insurance companies as not clinical-friendly and only worried about the bottom line - money.”

“It's my main consideration for leaving insurance panels. However, it's also a catch-22 because then that will create another barrier to treatment where many clients will not be able to afford therapy if they have to self-pay. The worst of it with insurers is their "abuse"”

of providers. We work very hard to help people in great need and aside from low pay from some companies, we are under constant scrutiny, with threats of clawbacks regarding record keeping, "accidentally" being paid too much, etc."

These insights reveal the broader implications of insurance challenges on behavioral healthcare equity, emphasizing the need for systemic changes to ensure that mental healthcare is accessible and equitable for all.

DISCUSSION

The behavioral healthcare system in Connecticut confronts critical challenges, including insurance disparities and high healthcare costs, that disproportionately prevent marginalized communities from accessing necessary care.

Insurance Disparities and Access to Care

Access Health CT reports highlight stark disparities in insurance coverage, which are closely linked to racial and economic inequalities. In 2018, 18% of Hispanic and 11% of Black residents in Connecticut were uninsured, compared to only 8% of White residents, a disparity that has direct implications on access to preventive services and health outcomes¹. This gap not only reflects disparities in insurance coverage but also underscores the broader issue of access to healthcare services. For instance, the lack of insurance coverage is further exacerbated by healthcare providers' decisions to opt out of certain insurance plans, which disproportionately affects communities of color. In 2017, over a quarter of Hispanic adults did not have a personal doctor, a rate much higher than that among White adults². This disparity is not just a matter of policy but of equity and justice, as it denies essential healthcare access to those most in need. The potential departure of healthcare providers from insurance panels threatens to widen these disparities, making it imperative for state and healthcare institutions to enact reforms that ensure all residents, regardless of race or income, have access to necessary healthcare services.

Economic Barriers to Healthcare

¹ Access Health CT. (2021). Health Disparities and Social Determinants of Health in Connecticut. https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf

² Access Health CT. (2021). Health Disparities and Social Determinants of Health in Connecticut. https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf

The economic burden of healthcare in Connecticut is notably high, with Connecticut residents paying 25% more per person for healthcare³. Low-income adults, immigrants, and Black and Latino residents particularly feel this financial strain. Some practitioners from our survey expressed a willingness to accept lower reimbursement rates to ensure access to care for those who otherwise could not afford it. This ethical stance highlights a commitment among some clinical social workers to bridge the access gap, despite the economic disadvantages it may pose to their practices

Racial and Economic Disparities Among Medicare Beneficiaries

In Connecticut, a significant portion of Medicare beneficiaries includes individuals of Black, Hispanic, and Asian or Native Hawaiian and Pacific Islander descent. As of 2022, there were 42,800 Black, 56,400 Hispanic, and 15,800 Asian/Native Hawaiian and Pacific Islander Medicare beneficiaries⁴. These numbers not only reflect the current state but also suggest the potential for an increase in disparities, as healthcare practitioners' express intentions to leave insurance panels or discontinue working with Medicare or Medicaid. This trend could exacerbate access issues for these populations. Moreover, DataHaven's 2023 findings reveal that 15% to 20% of Black adults, low-income adults, and adults living in Hartford and New Haven have reported experiencing discrimination in healthcare settings⁵. Access Health CT's report further reveals that Connecticut's Black residents suffer the highest all-cause mortality rates for six of the ten leading causes of death, including heart disease, cancer, stroke, diabetes, septicemia, and nephritis⁶. These stark realities underscore the pressing need to address systemic inequities and ensure equitable access to healthcare for all Connecticut residents.

In conclusion, the behavioral healthcare landscape in Connecticut is marked by significant barriers that are deeply rooted in systemic inequities. Addressing these challenges requires a multifaceted approach that includes policy reforms, improved insurance coverage inclusivity, and targeted efforts to reduce healthcare costs. By focusing on these areas, Connecticut can move towards a

³ Davila, K., Abraham, M., & Seaberry, C. (2023). Health Equity in Connecticut 2023. DataHaven. <https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%202023%20Health%20Equity%20Report%20082323.pdf>

⁴ Kaiser Family Foundation, "Distribution of Medicare Beneficiaries by Race/Ethnicity," KFF, accessed February 26, 2024, <https://www.kff.org/medicare/state-indicator/medicare-beneficiaries-by-raceethnicity/?dataView=1¤tTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22collId%22:%22Asian%2FNative%20Hawaiian%20and%20Pacific%20Islander%22,%22sort%22:%22asc%22%7D>

⁵ Davila, K., Abraham, M., & Seaberry, C. (2023). Health Equity in Connecticut 2023. DataHaven. <https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%202023%20Health%20Equity%20Report%20082323.pdf>

⁶ Access Health CT. (2021). Health Disparities and Social Determinants of Health in Connecticut. https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf

more equitable healthcare system that serves all its residents, regardless of race, income, or insurance status.

RECOMMENDATIONS

To address the systemic inequities and barriers in Connecticut's behavioral healthcare system, we propose the following targeted recommendations:

Implement a 12-Month Limit on Insurance Clawbacks

We recommend instituting a 12-month limit on the practice of insurance clawbacks, in contrast to the current 60-month period allowed in Connecticut. This significant disparity has raised concerns among behavioral healthcare practitioners, as revealed in our survey. Implementing this limit would provide financial predictability for behavioral healthcare providers and ensure more consistent access to care for patients, thereby addressing a major financial barrier that impacts healthcare accessibility for marginalized communities.

Advocate for Increased Reimbursement Rates

Increasing reimbursement rates for behavioral healthcare services, though challenging, is crucial for supporting behavioral healthcare providers and enabling them to serve a more diverse patient base, including underinsured and uninsured populations. This approach requires concerted efforts from both the state and healthcare institutions to negotiate fair reimbursement practices that accurately reflect the true cost and value of providing care.

Call to Action for Policies Supporting Health Equity

We urge policymakers, healthcare providers, and community leaders to advocate for and implement policies that directly support health equity. This includes not only the recommendations listed above but also broader initiatives aimed at addressing social determinants of health, such as housing, education, and employment opportunities. Policies that tackle these root causes are essential for creating a more equitable healthcare system for all Connecticut residents.

CONCLUSION

This report's findings underline critical issues within Connecticut's behavioral healthcare system, notably low reimbursement rates, insurance complexities, and clawbacks, all contributing to access disparities. While the analysis was conducted by a single researcher, which may introduce bias, the data still vividly captures the systemic inequities affecting healthcare access. Future studies could benefit from a collaborative analysis to diversify perspectives and validate findings. Despite these limitations, the report highlights the growing necessity for behavioral healthcare to be recognized and treated as a fundamental human right, not a luxury.