

MENTAL HEALTH PRACTICE IN NEW HAMPSHIRE

New Hampshire Psychological Association
2023 Report

Survey findings of mental health and substance use clinicians
throughout the state of New Hampshire

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INTRODUCTION

New Hampshire Psychological Association's Behavioral Healthcare Advocacy Committee (NHPA BHAC) is dedicated to advocating for improving mental health throughout the state of New Hampshire through educating, lobbying, and collaborating. Each year we survey mental health and substance use clinicians throughout the state to assess the practice conditions in a variety of settings and from a variety of disciplines. This survey's objective was to collect and summarize information from mental health and substance use providers regarding their practice-related needs and concerns, areas they perceived as going well, and their suggestions for what would improve practice in the state of New Hampshire. Listening to providers who are working hard to deliver high-quality mental health and substance use services for NH residents will ultimately result in improving access and health outcomes.

This year, NHPA employed the services of the UNH Survey Center to assist with survey design and dissemination. This survey was sent to a large list of mental health professionals affiliated with NHPA and the National Association of Social Workers New Hampshire (NASW-NH), with a return deadline of November 14, 2022. In order to have an accurate understanding of the response rate, survey links were unique so that they could not be forwarded to others or completed more than once; this represents a change from prior year's methodology. Surveys were completed by 615 mental health professionals in New Hampshire from a sample of 5,151 list members of NHPA and NASW-NH (i.e., a response rate of 12% percent). Of the respondents, 65% were licensed to practice mental health in NH, allowing for data from 384 clinicians who are licensed in NH.

This is the largest response we have had since the beginning of this survey in 2019. Response numbers in previous years were as follows: 347 in 2021; 120 in 2020, and 111 in 2019. We hope to continue expanding this survey over the coming years to all who work in mental health and substance use to broaden the scope of information. We are once again grateful to all respondents, to NASW-NH, and to all members of the NH Mental Health Coalition for their support and collaboration. We welcome feedback for future surveys. Our email address is BHAC@nhpsychology.org.

SUMMARY OF SURVEY FINDINGS

This section highlights the most significant findings; however, we encourage all to review the entire report as it provides important data from all the survey questions. Also please note that, for ease of reading, percentages are rounded from the data pages provided later in this report.

WORKFORCE

Workforce trends remain very similar to those identified during our 2021 survey. Early career clinicians continue to not keep pace with maturing clinicians. **Forty-five percent (45%) have been practicing for more than 20 years, compared to only 6% practicing for 5 years or less.** Another 49% have been practicing between 6 and 19 years. There are vast disparities in the distribution of clinicians around the state. Seventy percent (70%) of the respondents are concentrated in the southern and southeastern regions of the state (i.e., Hillsborough, Merrimack, Rockingham, and Strafford counties). **Many respondents are in outpatient solo practice (46%) or small to medium sized outpatient group practices of 2-10 providers (11%).** Respondents serve a variety of populations including adults, children, and teens. Respondents also serve adults, children, and teens with severe and persistent mental illness and those who have been previously treated by community mental health centers or have recently been in a mental health or substance use crisis at the emergency department (see page 12). It is important to highlight that severe and persistent mental illness is not just treated at community mental health centers to fully understand how individuals and families access care.

The most common mental health services offered by respondents include individual therapy (89%), family therapy (26%), couples therapy (23%), and group therapy (16%). **Results indicate that more child therapists are needed, as only 10% offer services to children under the age of 4 and only 30% offer services to children ages 5-12.** There are opportunities to expand the workforce by increasing training opportunities that develop a quality workforce to address public health. There is untapped potential for workforce development, as 46% of respondents would offer training for students if the licensed supervisor in the practice could bill insurance companies for the trainees' clinical services. While improvements have been made in the area of reimbursement for supervision of pre-licensed clinicians, it is not consistently reimbursed for all practice sizes and all trainee types (e.g., practicum students; trainees who are not yet ready to apply for licensure).

TELEHEALTH SERVICES: HERE TO STAY

This survey suggests that insurance reimbursement for telehealth services has changed the practice of mental health in permanent ways. In particular, **17% of respondents indicated that their practice is entirely telehealth-based. Seventy-one percent (71%) of respondents indicated that they provide both in-person and telehealth services.** The widespread adoption of telehealth services by mental health clinicians

highlights the importance of parity of reimbursement rates (i.e., telehealth services should be reimbursed at the same rate as in-office services) and flexibility of originating and distant sites. **Reimbursement rates continue to be the primary reason for dissatisfaction with insurance companies**, and we predict that changes to lower telehealth reimbursement would lead to fewer clinicians offering telehealth over time or fewer clinicians staying in network with insurance. Continued access to telehealth remains particularly important for individuals seeking services in regions of the state that have few practicing providers (e.g., Belknap, Carroll, Coos, and Sullivan counties), for military, and for underserved populations (e.g., individuals with limited mobility or limited access to transportation).

Only 2% of respondents indicated that they offer audio-only telehealth services at this point in time. Access to audio-only services remains a priority for vulnerable individuals (i.e., older individuals who may not have access to technology) and individuals living in rural settings without reliable broadband internet.

NEW TRENDS: PSYPACT PARTICIPATION AND CONTRACTING WITH VIRTUAL THERAPY COMPANIES

PSYPACT is an interstate compact for licensed psychologists that aims to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. As of July 29, 2023, 40 states have enacted PSYPACT. LCMHC and LICSW also are in the process of creating compacts, and future surveys will ask about participation as these compacts progress. At the time of this survey, 25 of the 92 licensed psychologists who responded (27%) indicated that they were participating in PSYPACT.

Thirteen (13%) of respondents indicated that they contract with at least one company offering therapy primarily via a digital health platform. Given the nascent quality of these companies, this is the first year our survey has asked about such contracts. While these companies allow individuals access to care – particularly those in regions of the state that have few clinicians – questions remain about the standards of care, confidentiality, and sustainability of such companies (see the following links for more information: <https://time.com/6225361/telehealth-startups-cerebral-done-ahead/> and <https://www.latimes.com/business/story/2023-07-07/santa-monicas-headspace-health-laid-off-therapists-patients-dont-know-where-they-went>).

WORKFORCE SHORTAGE AND ACCESS TO CARE

A critical mental health workforce shortage continues in NH. Twelve percent (12%) of respondents indicated that they intend to retire within the next two years, with 17% indicating that they intend to decrease their work hours, and 8% indicating that they plan to begin practicing primarily outside of NH. In contrast, only about 25% plan to increase their work hours and 9% plan to join new insurance panels. At the same time, **79% of respondents indicated that they often or almost always have difficulty finding other mental health providers to whom they can refer when needed** (e.g., when their waitlists were too long, or they did not offer the requested

service themselves). Almost half (49%) of respondents reported that they have ongoing waitlists. Twelve percent (12%) of providers indicated that their waitlist runs two or more months out, and 13% reported that they are not taking new clients at all. Combined with the fact that the number of early career clinicians is not keeping pace with maturing clinicians, these findings highlight the ongoing workforce shortage concern at a time when mental health needs have only increased in the state.

Integrated care models have been in existence for decades and continue to be an essential part of the healthcare system. Behavioral health and substance use issues are most often identified during primary care or medical visits and integrated care allows for behavioral health providers to initiate treatment and/or triage patients to the right level of care. In New Hampshire, there are two primary models of integrated care. The Primary Care Behavioral Health Model (PCBH) integrates a licensed mental health clinician into a medical team so that behavioral health interventions can start during the primary or specialty care visit. The other model of care is the Collaborative Care Model (CoCM), which focuses on medication treatment with a psychiatrist as the consultant. Since respondents to this survey were non-prescribing clinicians, we will focus on Primary Care Behavioral Health as a model of integrated care treatment, though both CoCM and PCBH can work together. Research by Maeng and others (2022)¹ found that PCBH implementation was associated with a decrease in rates of emergency department visits of around 14%, an approximately 12% reduction in rates of primary care provider visits, and a 7.5% higher overall rate of behavioral health provider visits. We believe expanding this model of care will reduce unnecessary emergency room visits and begin treatment faster than using only the referral to outpatient practices approach, which given the shortage of clinicians, delays the beginning of treatment. Additionally, while separate from traditional integrated care models, we believe that increasing reimbursement for consultation services would encourage outpatient clinicians to connect with physicians in small practices that are unable to afford to include a licensed mental health clinician on their staff, thus improving mental health services for shared clients.

Our survey also highlights specific populations who are at higher risk of having difficulty finding mental health services. In particular, **respondents indicated that finding other mental health clinicians to whom they could refer children and teens, families, couples, and individuals diagnosed with a personality disorder was often challenging. Psychologists who conduct psychological and neuropsychological evaluation services that are important to help clarify diagnosis and recommend effective treatment were also rated as challenging to find.** Our survey data indicate that access to services remains very limited for children under the age of 4 (only 10% of respondents offer this service), for those seeking substance abuse treatment (only 13% of respondents offer this service), for those seeking psychological testing (only 16% of respondents provide this service) and/or for those seeking neuropsychological testing

¹Maeng, D. D., Poleshuck, E., Rosenberg, T., Kulak, A., Mahoney, T., Nasra, G., Lee, H. B., & Li, Y. (2022). Primary care behavioral health integration and care utilization: Implications for patient outcome and healthcare resource use. *Journal of general internal medicine, 37*(11), 2691–2697. <https://doi.org/10.1007/s11606-021-07372-6>

(only 5% of respondents provide this service). Previous data have indicated that low reimbursement rates, cumbersome prior authorizations processes, and expensive testing materials are primary reasons that psychologists have decided to stop offering psychological and/or neuropsychological testing services.

INSURANCE COMPANY-SPECIFIC FINDINGS AFFECTING ACCESS TO CARE

Access to mental health care for the large majority of individuals living in NH is intrinsically tied to the ability to find mental health providers who accept the individual's insurance; this is a concept that is typically referred to in the insurance industry as network adequacy. **Unfortunately, our survey data over the last several years indicate that mental health clinicians are increasingly leaving insurance panels. In particular, twenty-seven percent (27%) of respondents indicated that they have left at least one insurance panel in the last five years and 26% of respondents have plans to leave one or more insurance panels within the upcoming year.** Over a quarter of respondents (i.e., 28%) indicated that they are not in-network with any insurance company, meaning that clients need to pay out of pocket to receive mental health services with these clinicians.

Respondents indicated that they are paneled most often with Anthem (90%), Harvard Pilgrim (76%), Cigna (76%), and Optum/United Healthcare (73%). Only 50% of respondents indicated that they are Medicare providers, which remains concerning for a "graying" state like New Hampshire. We are hoping this improves in 2024 when Medicare will begin reimbursing LCMHC and LMFTs directly. An equally small number of providers indicated that they are paneled with one or more Medicaid Managed Care Organizations (i.e., plans that offer health coverage to individuals with limited financial resources): 56% with NH Healthy Families, 52% with Beacon/Wellsense (now Carelon), and 35% with Amerihealth Caritas.

Dissatisfaction with aspects of working with insurance companies (i.e., challenges with claims processing, difficulties accessing provider relations supports, low reimbursement rates, cumbersome audits) is a primary reason that mental health providers choose to leave/not join insurance panels. **Across most insurance companies, providers most commonly expressed that reimbursement rates were an area of dissatisfaction.** Despite 52% of respondents indicating that their caseload had increased in the last year, only 44% indicated that their net income had increased and 20% indicated that their net income had decreased. Additionally, 60% of respondents indicated that the amount of time spent on administrative work (often related to authorization and billing insurance companies) increased in the last year.

Confusion abounds among clinicians about self-funded plans (e.g., administrative services only [ASA] or employee retirement income security [ERISA] plans) in which payments from an employer/retirement plan are managed by a commercial insurance company. Thirty-nine percent (39%) of respondents indicated that they knew nothing about the existence of such plans. Because these plans are regulated by the federal Department of Labor and not by the NH Insurance Department, they can have different

authorization and reimbursement procedures and different requirements related to payment parity. It is often challenging for a mental health clinician to identify when a prospective client has a self-funded plan instead of a traditional insurance plan, despite regulations regarding member identification cards [Ins 1901.09 (c)]. In addition to the 39% of respondents who have never heard of such plans, another 39% indicated that they did not know whether or not they had clients on such plans, nor did they know what such plans involved. This confusion results in increasing dissatisfaction for providers who may not be aware of different (and sometimes more restrictive) authorization or payment policies until well after they have started working with a client.

Inability to be reimbursed for non-face-to-face services that are essential for best practice in mental health (collaboration/care coordination with primary care physicians or psychiatrists who are also working with the client) is another driver of reduced access to care and network adequacy. **In our survey, over 62% of clinicians indicated they spend time consulting with primary care providers or other medical professionals without being reimbursed for such time.** Other services provided for which respondents indicated no reimbursement include consultations with schools, extended individual therapy beyond 60 minutes, extended family therapy beyond 50 minutes, and use of screening measures to monitor client outcomes.

Our survey continues to highlight deficiencies in access to care and network adequacy and suggests that these challenges will likely continue to worsen over time, given clinician dissatisfaction with insurance companies leading to a trend toward leaving insurance company panels. Reversing these trends will involve efforts on many fronts: continuing to ensure parity of access to and reimbursement for mental health treatment, increasing access to reimbursement for non face-to-face services (e.g. collaborative care) that are routinely offered as an essential part of mental health treatment; and expanding the mental health workforce by making it possible for licensed supervisors to be reimbursed for mental health trainee's clinical work. We appreciate the improvement in policies by insurance companies and NH DHHS continuing to allow for billing of supervised trainee's clinical services. We will continue to monitor the impact on access to services and increase in workforce.

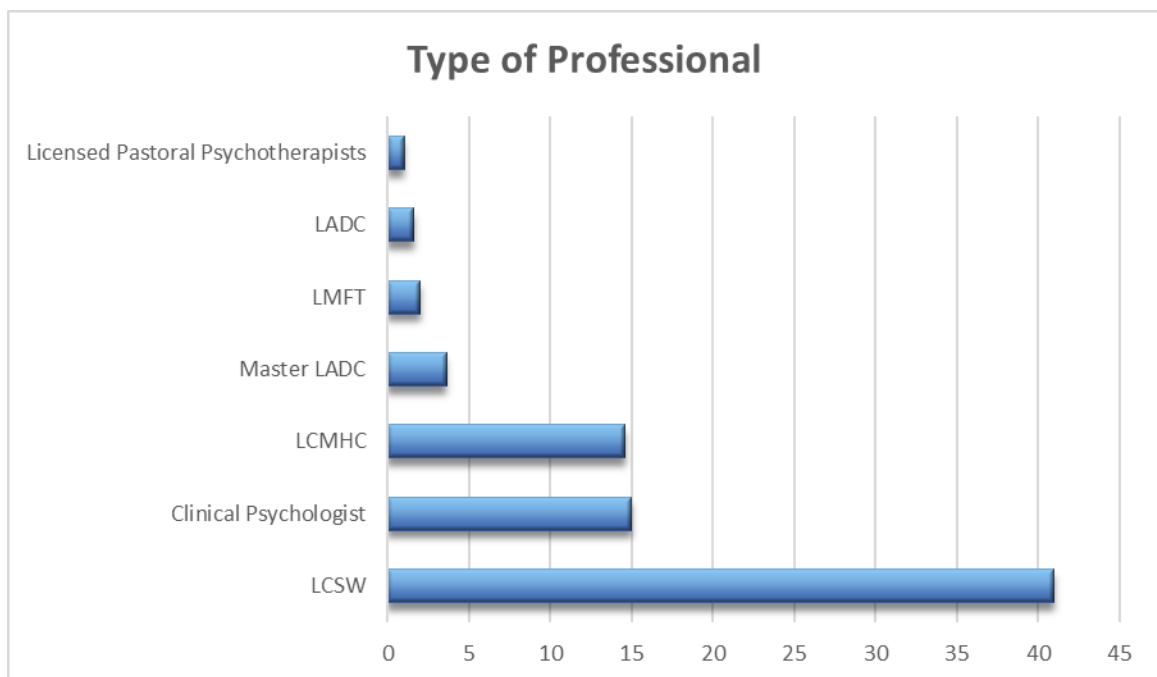
We hope you will continue reading through this report for additional data to support ways to improve the mental health practice environment in New Hampshire. This report provides information from mental health and substance use providers on the "front line" in all areas of practice – solo practices, group practices, integrated care, community mental health, schools, hospital settings, and others. We believe this information is essential when developing policy and progressing a healthcare system that improves both mental and physical health outcomes. Please contact us as BHAC@nhpsychology.org if you have any questions or comments.

**New Hampshire Psychological Association
Behavioral Healthcare Advocacy Committee
Mental Health Practice Survey 2023**

Respondent Characteristics

Type of Professional

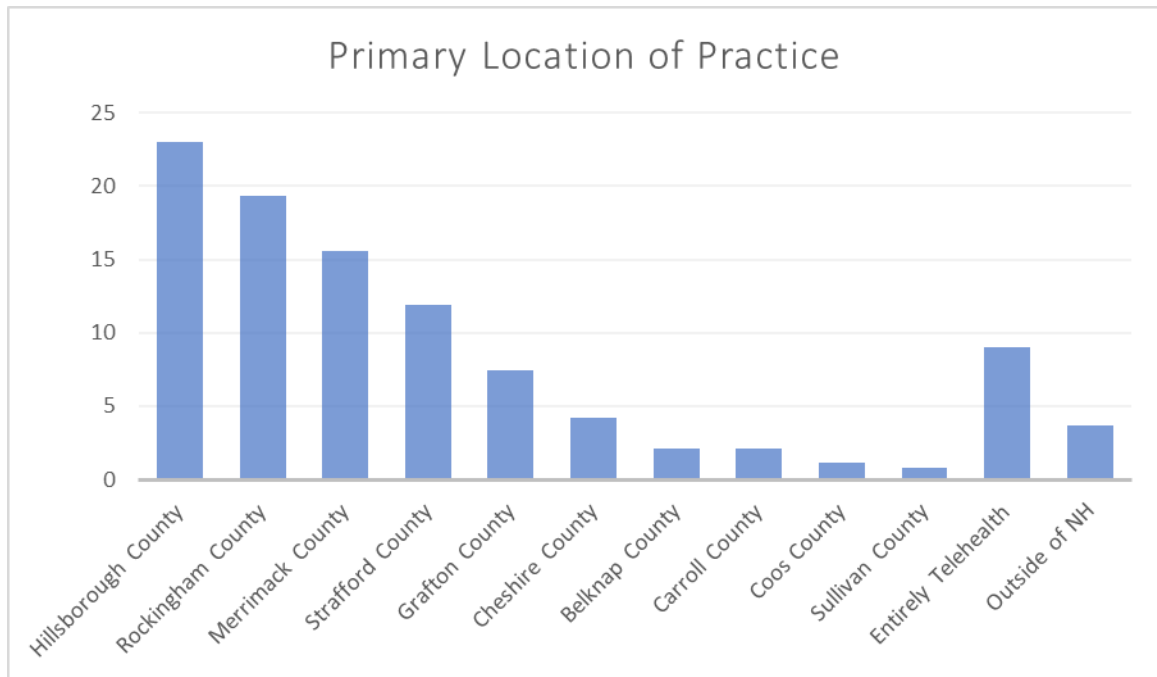
- There were 615 respondents, of which 15.0% were clinical psychologists, 41.0% were licensed clinical social workers (LCSW), and were 14.6% licensed clinical mental health counselors (LCMHC). Other respondents included 4% master’s level licensed alcohol and drug counselors (MLADC), 2% licensed alcohol and drug counselors (LADC), 3% mental health trainees, 2% licensed marriage and family therapists (LMFT), and less than 1% licensed pastoral psychotherapists.



Location of primary practice

- 57.8% of the respondent workforce is concentrated in three regions of New Hampshire – Hillsborough (23%), Rockingham (19.3%) and Merrimack (15.6%). Other practices were located in: Strafford County (11.9%), Grafton County (7.4%), Cheshire County (4.2%), Belknap County (2.1%), Carroll County (2.1%), Coos County (1.1%), Sullivan County (0.8%). The percentage of practices that are entirely telehealth is 9% and the percentage

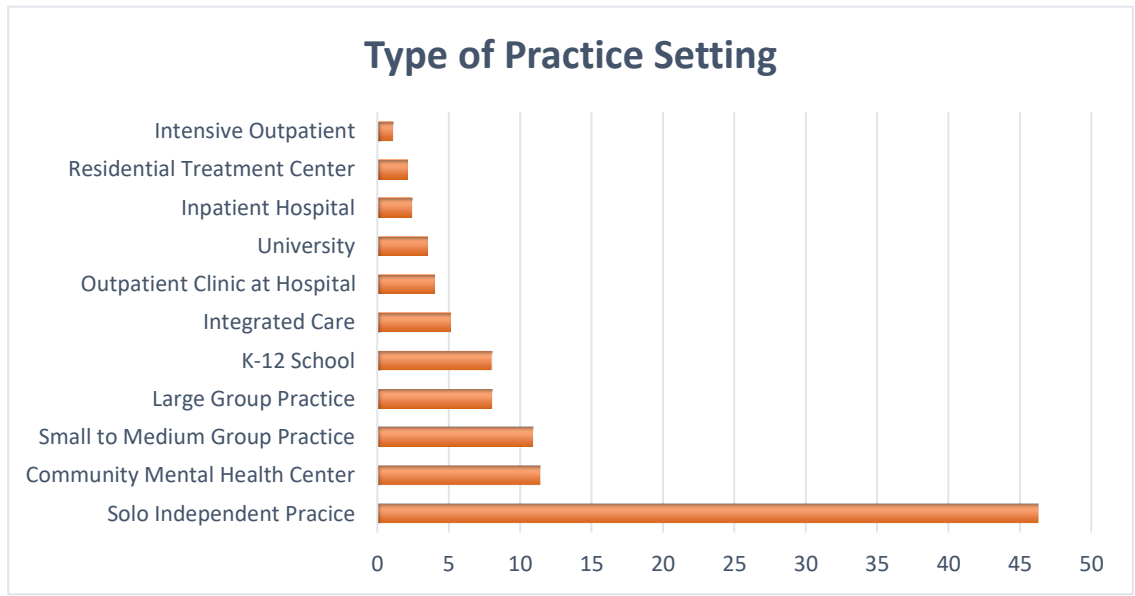
of clinicians that practice outside of NH (not included in the entirely telehealth respondents) is 3.7%.



Types of practice settings

Respondents were able to choose all settings they practice in, not just their primary practice setting. Of all respondents:

- 46.3% are in solo independent practice,
- 10.9% are in small to medium sized group practices (2-10 providers),
- 11.4% are in community mental health centers
- 8.0% are in large group practices (11 or more).
- 8.0% are in K-12 schools
- 5.1% are in integrated care settings
- 4% are in outpatient clinics in hospitals
- 3.5% are in university settings
- 2.4% are in inpatient hospital settings
- 2.1% are in residential treatment centers
- 1.1% are in intensive outpatient treatment centers
- Only a few respondents indicated that they work in nursing homes, corrections facilities and industry.



Length of Time in Practice

44.6% of respondents have been practicing for more than 20 years, an increase over last year’s response of 42.2%. Last year, 17.6% of respondents had been working for 1-5 years, with only 6.1% of respondents in this category this year. More specific breakdown:

- 21.5% 30+ years
- 23.1% 21-29 years
- 12.2% 16-20 years
- 21.3% 11-15 years
- 15.4% 6-10 years
- 6.1% 1-5 years

Hours worked

- 71.2% work full time
- 24.0% work part time
- 2.4% work in another field
- 2.4% are retired or not working

Services offered

Type of Service offered

Respondents could choose more than one area of service offered:

- 88.8% provide individual psychotherapy
- 58.5% provide teletherapy
- 25.9% provide family therapy
- 35.4% provide training/supervision
- 22.8% provide couple's therapy
- 16.1% provide group therapy
- 10.7% provide psychological assessment
- 12.1% provide consultation to schools
- 15.9% provide substance use treatment
- 10.1% teach
- 14.7% provide behavioral health facility management and administration
- 7.5% provide consultation to agencies
- 3.5% provide neuropsychological assessment
- 2.3% provide forensic services
- 6.3% provide psychiatry, emergency services, collaborative care, Behavioral Health and Assessment, MCO

Client groups served

Respondents could choose multiple responses.

- 87.4% serve adults
- 58.3% serve older adults (65+)
- 48.0% serve teens (13-17)
- 29.6% serve children (5-12)
- 25% serve couples
- 27.3% serve families
- 10.3% serve infants and young children (0-4)



Services for individuals with severe and persistent mental illness and/or recent crisis

Respondents were asked if they served individuals with severe and persistent mental illness (SPMI), clients who recently visited the Emergency Department (ED), or clients who have been treated at a community mental health center (CMHC) over the last two years.

- 49.6% serve adults with SPMI
- 30.3% serve children and/or teens with SPMI
- 41.1% serve adults who have recently been in the ED for a mental health or substance use crisis in the last 6 months
- 29.2% serve children and/or teens who have recently been in the ED for a mental health and/or substance use crisis in the last 6 months
- 36.4% serve adults who have recently been treated at a CMHC
- 26.5% serve children and/or teens who have recently been treated at a CMHC
- 21.3% none of the above

Telehealth

- 70.7% offer a combination of in-person and telehealth services
- 17.0% offer only telehealth services
- 12.3% only offer in-person services

Types of telehealth services offered:

- 73.1% offer both audio and video based telehealth
- 25.2% offer only video based
- 1.7% offer audio only

Evidenced-based models

Respondents use the following evidence-based therapy models in their clinical practice. Multiple answers could be chosen.

- 83.6% Cognitive Behavior Therapy
- 58.5% Trauma Focused Therapy
- 46.2% Dialectical Behavior Therapy
- 31.1% Mindfulness-Based Stress Reduction
- 30.1% Mindfulness-Based Cognitive Therapy
- 32.4% Acceptance and Commitment Therapy
- 12.4% Compassion-Focused Therapy
- 6.7% Functional Family Therapy
- 9.7% None of the above/Does not apply

Regular Use of Outcome Measures

We added a question to understand the use of outcome measures by clinicians. For those who indicated using outcome measures, we asked which ones. For those who did not use outcome measures, we asked why. Respondents indicated:

- 41.8% Use outcome measures
- 41.5% Don't use outcome measures
- 16.7% Not applicable

Outcome measures used

- 70.2% use PHQ-9
- 60.5% use GAD-7
- 29.8% use Beck Inventories
- 24.2% use PCL-5
- 16.1% use CAGE
- 16.1% use PS-PTSD
- 2.4% use SCL-90
- 0.8% use PROMIS Pain Measures
- 29.8% other
- 7.3% chose none of the above or does not apply

Reasons for not using outcome measures – respondents could select all that apply

- 74.6% preferred to assess client progress from a qualitative standpoint
- 28.7% noted that insurance companies do not reimburse for time spent or for materials needed for outcome assessment

- 26.2% were concerned that insurance companies will use failure to progress on outcome measures in utilization decisions
- 13.1% had concerns about the reliability and/or validity of self-report outcome measures
- 13.1% chose not applicable/does not apply

Percent of respondents contracting with companies that provide therapy primarily via a digital health platform

New question. Respondents could select all options that applied.

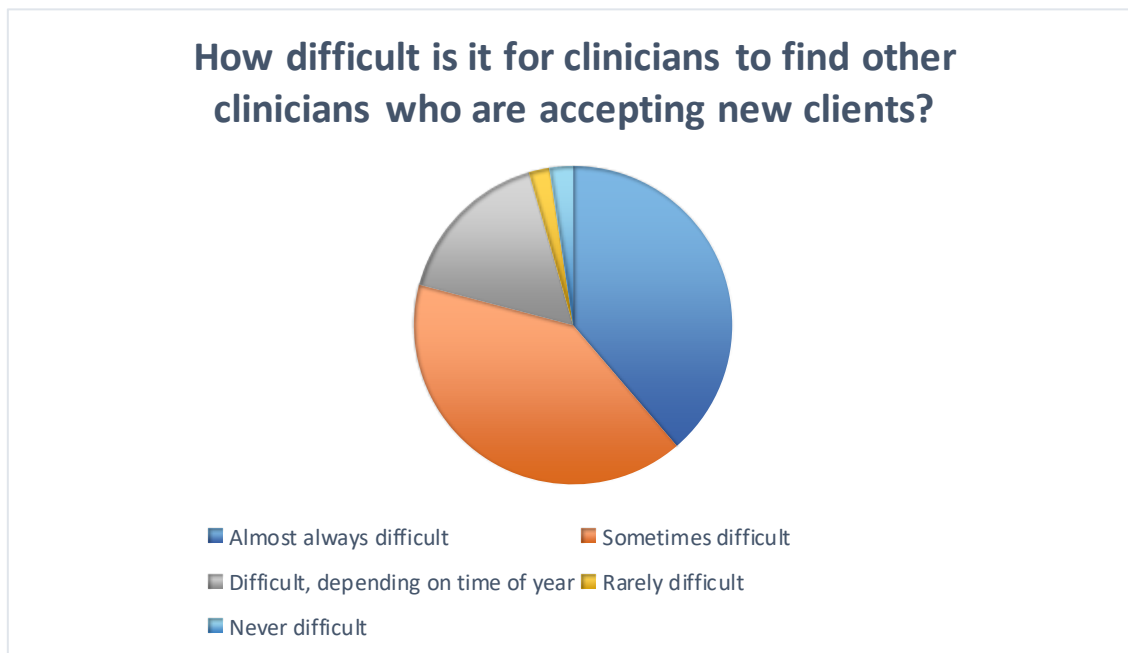
- 0.4% Alma
- 4.1% Betterhelp
- 0% BetterUp
- 0% Cerebral
- 0.7% Genoa Healthcare
- 0% Ginger
- 0% Headway
- 3.3% Lyra
- 0.4% Modern Health
- 0.7% Talkspace
- 4.4% Other
- 87.8% None of the above

Findings related to access to care

Referrals to other clinicians

Respondents were asked how difficult it is to find another clinician who is accepting new clients when they are looking to make a referral.

- 38.7% almost always
- 40.4% often
- 16.4% sometimes
- 2.1% rarely
- 2.4% never

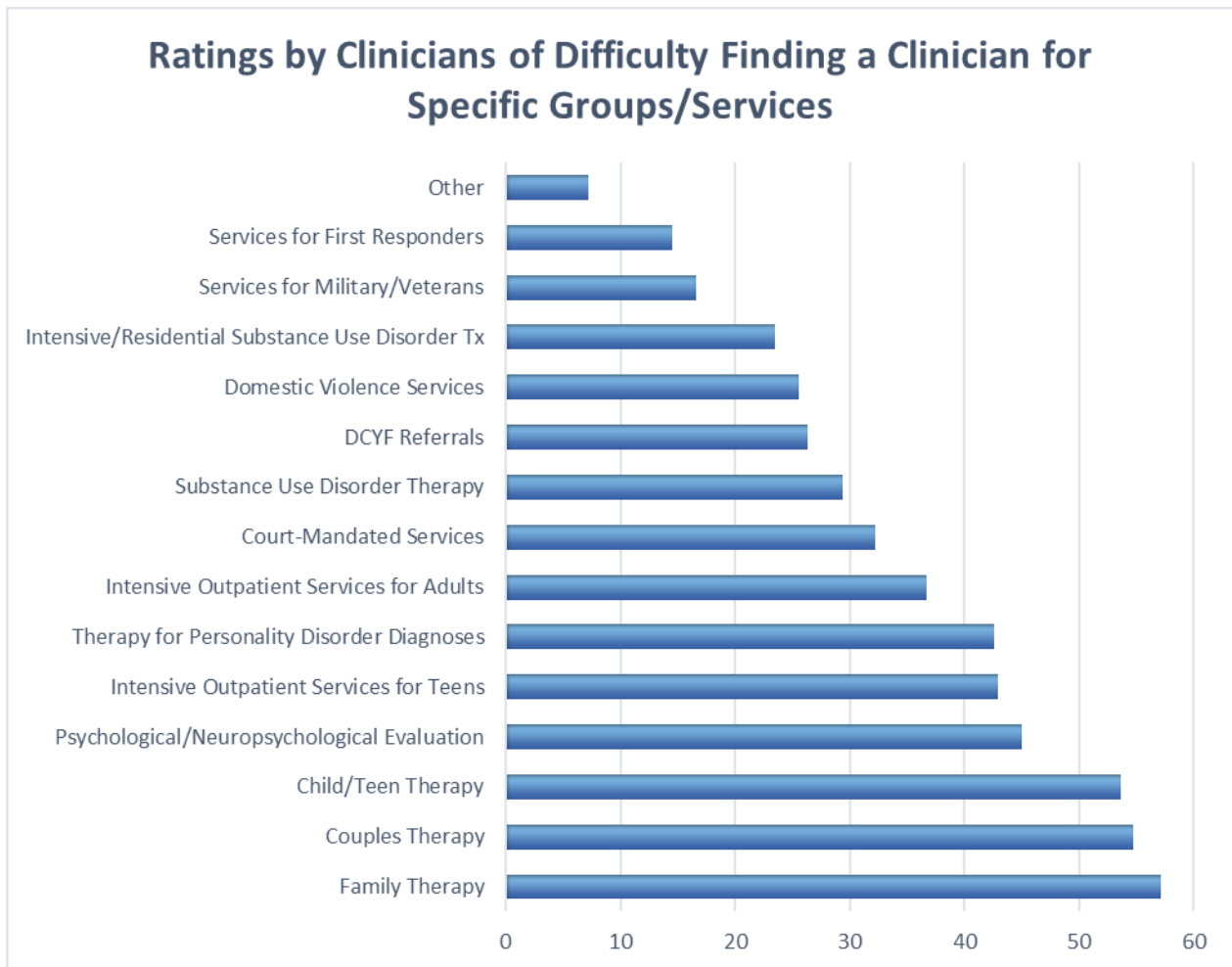


Referrals for specific groups/services

Respondents were asked about difficulty of finding clinicians who could take certain client groups or perform certain services. Respondents could choose multiple responses.

- 53.6% outpatient services for children and teens
- 57.1% services for families
- 54.7% services for couples
- 45.0% psychological and/or neuropsychological evaluations
- 42.6% services for individuals diagnosed with personality disorders
- 42.9% intensive outpatient services for teens

- 32.2% court-mandated services
- 36.7% intensive outpatient services for adults
- 29.4% outpatient substance use disorder services
- 25.6% services related to domestic violence
- 26.3% DCYF referrals
- 23.5% substance use disorder residential and/or intensive outpatient services
- 16.6% services for military/veterans
- 14.5% services for first responders
- 7.2% other – eating disorder specialists, Medicare beneficiaries, ACT team and psychiatrist at CMHC



Waitlists

Respondents were asked how often they have a waitlist for new clients.

- 10% Never
- 15% Occasionally

- 18.3% Often
- 15.7% Always
- 28.3% Do not to keep waitlists
- 12.7% said they are not taking new clients

Respondents were also asked about average wait time for a first appointment for new clients.

- 12.4% Less than one week
- 26.4% 1-2 weeks
- 20.7% 3-4 weeks
- 12.0% 2-3 months
- 8.4% more than 3 months
- 20.1% are not taking new clients

Training

Respondents were asked if they would offer training in their practice if they could bill an insurance company for the trainee's clinical services.

- 46.5% Yes
- 46.5% No
- 7.0% already bill insurance for trainee clinical services

Plans for the next two years

Respondents were asked how their practices will change over the next two years.

Work hours

- 24.7% Increase
- 56.9% Stay about the same
- 16.9% Decrease
- 1.4% Don't know/Not applicable

Number of insurance panels in-network with

- 9.3% Increase
- 44.3% Stay about the same
- 27.1% Decrease
- 19.2% Don't know/Not applicable

Number of services offered

- 18.2% Increase
- 68.4% Stay about the same
- 7.2% Decrease
- 6.2% Don't know/Not applicable

Number of support staff employed

- 11.0% Increase
- 33.8% Stay about the same
- 4.4% Decrease
- 50.7% Don't know/Not applicable

Plans to start a new solo or small group practice

- 12.9% Yes
- 72.8% No
- 14.3% Not applicable

Plans to leave solo practice and join larger group practice

- 2.7% Yes
- 86.7% No
- 10.7% Not applicable

Plans to leave private practice and work in a larger organization

- 2.0% Yes
- 85.9% No
- 12.1% Not applicable

Plans to leave academia

- 6.7% Yes
- 60.0% No
- 33.3% Not applicable

Plans to look for work in a different field of psychology

- 8.5% Yes
- 82.7% No
- 8.8% Not applicable

Plans to look for work in a field other than psychology

- 6.1% Yes
- 87.5% No
- 6.4% Not applicable

Plans to retire

- 12.3% Yes
- 83.5% No
- 4.2% Not applicable

Plans to seek licensure outside of New Hampshire

- 36.2% Yes
- 58.5% No

- 5.3% Not applicable

Plans to begin practicing primarily outside of New Hampshire

- 7.9% Yes
- 84.9% No
- 7.2% Not applicable

Changes in professional work over last 5 years

Respondents were asked about changes in various aspects of their professional work over the last 5 years:

Net Income

- 43.9% Increased
- 29.6% Stayed the same
- 20.3% Decreased
- 6.3% Don't know/Not applicable

Caseload

- 51.8% Increased
- 26.7% Stayed the same
- 13.7% Decreased
- 7.6% Don't know/Not applicable

Time spent on administrative work

- 60.0% Increased
- 26.1% Stayed the same
- 9.6% Decreased
- 4.3% Don't know/Not applicable

Number of services offered

- 24.1% Increased
- 54.1% Stayed the same
- 14.6% Decreased
- 6.9% Don't know/Not applicable

Number of support staff employed or contracted

- 12.0% Increased
- 23.7% Stayed the same
- 8.7% Decreased
- 55.7% Don't know/Not applicable

Respondents were asked whether they had diversified reimbursement sources over the last 5 years

- 30.7% Yes
- 31.7% No
- 37.5% Not applicable

Respondents were asked if they had hired billing or administrative support staff over the last 5 years

- 22.6% Yes
- 40.5% No
- 36.8% Not applicable

Insurance-related questions

Percentage of respondents in-network with any insurance company

- 72% yes
- 28% no

Percentage of respondents in-network by insurance plan

Respondents could choose multiple answers.

- 89.7% BCBS/Anthem
- 76.4% Harvard Pilgrim
- 75.6% Cigna
- 73.1% Optum/United Healthcare
- 56.2% NH Healthy Families
- 55.0% Tufts
- 55.0% Aetna
- 52.4% Beacon/Wellsense
- 50.0% Medicare
- 45.5% Ambetter
- 34.7% Amerihealth/Caritas
- 32.6% Tricare
- 31.4% Martin's Point
- 27.7% Humana
- 16.1% Wellcare

How insurance claims are submitted

This is a new question for 2023. Respondents were those who are in-network with at least one insurance company and could select all that apply.

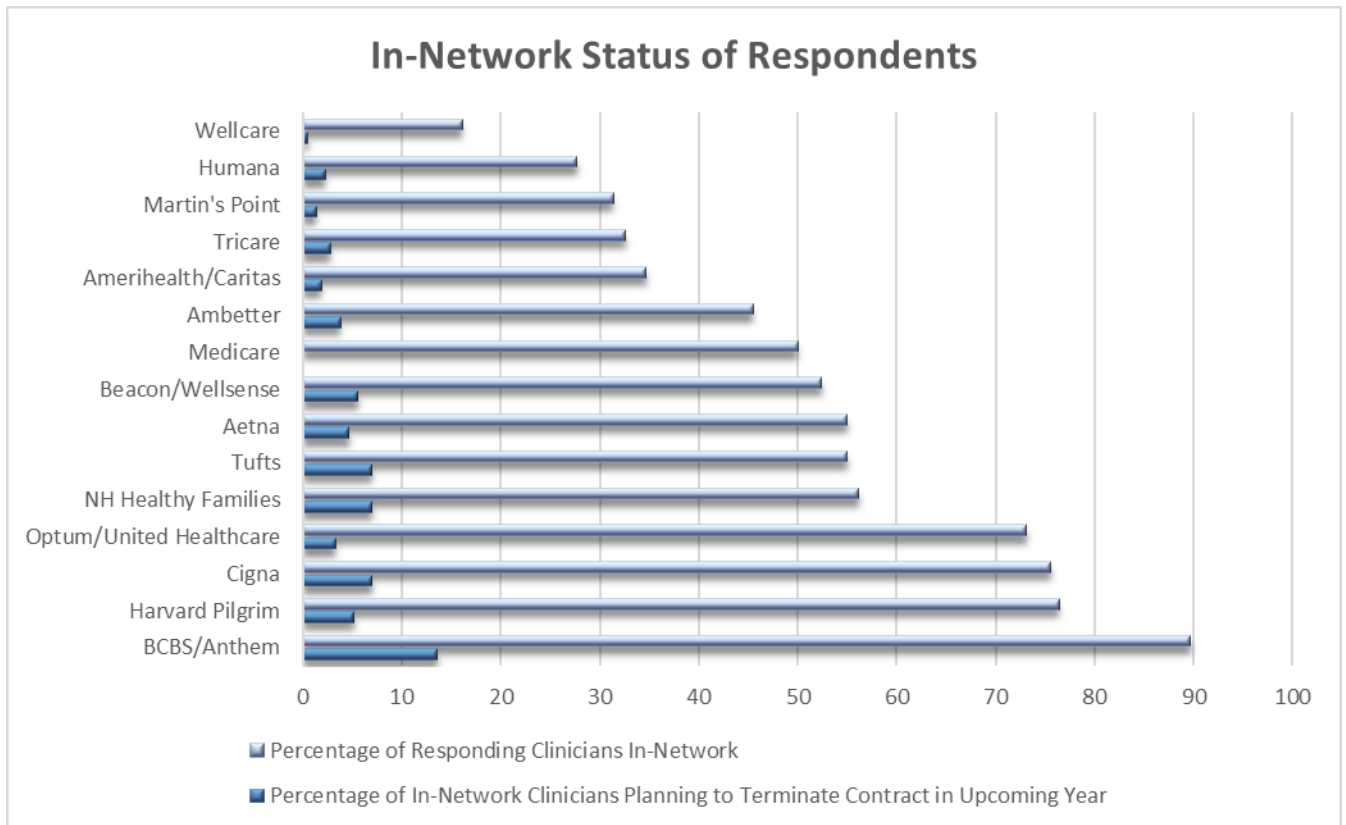
- 61.1% Through electronic health record or practice management systems
- 21.5% Directly through a clearinghouse
- 17.4% Through insurance company websites
- 6.9% By paper
- 13.8% Other

Clinician's insurance contract-related plans for the upcoming year

Clinicians were asked whether they planned to terminate any insurance contracts in the upcoming year and, if yes, which contracts. Respondents could select all that apply.

- 73.7% do not plan on terminating any contracts for the upcoming year

- 13.6% plan on terminating contract with BCBS/Anthem
- 4.7% plan on terminating contract with Aetna
- 7.0% plan on terminating contract with Cigna
- 5.6% plan on terminating contract with Beacon/Wellsense
- 5.2% plan on terminating contract with Harvard Pilgrim
- 3.3% plan on terminating contract with Optum/United Healthcare
- 7.0% plan on terminating contract with NH Healthy Families
- 7.0% plan on terminating contract with Tufts
- 1.9% plan on terminating contract with Amerihealth Caritas
- 3.8% plan on terminating contract with Ambetter
- 2.3% plan on terminating contract with Humana
- 1.4% plan on terminating contract with Martin's Point
- 2.8% plan on terminating contract with Tricare
- 0.5% plan on terminating contract with Wellcare



Termination of insurance contracts in the past 5 years

Clinicians were asked whether they had terminated any insurance contracts in the past 5 years. 72.9% responded that they had not. For the 27.1% who responded that they had terminated contracts in the past 5 years, they were asked for details.

- 41.0% terminated contract with Optum/United Healthcare
- 41.0% terminated contract with BCBS/Anthem
- 39.7% terminated contract with Cigna
- 37.2% terminated contract with Harvard Pilgrim
- 35.9% terminated contract with Aetna
- 28.2% terminated contract with Beacon/Wellsense
- 25.6% terminated contract with NH Healthy Families
- 20.5% terminated contract with Tufts
- 20.5% terminated contract with Ambetter
- 19.2% terminated contract with Tricare
- 15.4% plan on opting out of Medicare
- 14.1% terminated contract with Martin's Point
- 7.7% terminated contract with Humana
- 7.7% terminated contract with Wellcare
- 6.4% terminated contract with Amerihealth Caritas

Ability to negotiate contracts

Respondents were asked about their success in negotiating any aspect of their insurance contracts. 69.3% stated that they had not been able to negotiate any aspect of an insurance contract. Details about which insurers were willing to negotiate aspects of clinician contracts are provided below. We did not collect data about what aspects of the contract were negotiated.

- 69.3% stated they were not able to negotiate any contract with any insurer
- 22.6% were able to negotiate a part of the contract with Cigna
- 5.5% with Harvard Pilgrim
- 7.5% with Optum/United Healthcare
- 8.0% with BCBS/Anthem
- 8.0% with Tufts
- 4% with Aetna
- 3.0% with Wellsense/Beacon
- 3.0% with NH Healthy Families
- 2.5% with Ambetter
- 2.0% with Amerihealth/Caritas
- 1.9% with Martin's Point
- 1.5% with Tricare
- 1.5% with Wellcare
- 1.0% with Martin's Point
- 1.0% with Humana

Understanding of ERISA plans

Respondents were asked about their understanding of/familiarity with self-funded/ERISA/employer-sponsored plans.

- 50% have never heard of these plans
- 38.3% have heard of these plans but don't know whether any of their clients have these plans
- 11.4% were aware that they had clients with these plans

We asked whether respondents were aware that these plans are not regulated by the NH Insurance Department.

- 25.3% said Yes
- 74.7 % said No

Billing and Coding

The following billing codes are used by respondents. Respondents could choose multiple options.

- 65.1% 90791 Psychiatric Diagnostic Evaluation
- 77.8% 90837 Individual Psychotherapy 60 minutes
- 75.6% 90834 Individual Psychotherapy 45 minutes
- 48.6% 90832 Individual Psychotherapy 30 minutes
- 45.4% 90847 Family Psychotherapy with Patient Present
- 37.1% 90846 Family Psychotherapy without Patient Present
- 29.2% 90839 Crisis Psychotherapy first 60 minutes
- 17.8% 90840 Crisis Psychotherapy each additional 30 minutes
- 14.6% 90853 Group Psychotherapy
- 7.6% 90785 Interactive complexity
- 5.7% H0004 Alcohol and/or drug use counseling
- 5.7% 96130/96131 Psychological testing evaluation
- 5.7% 96136/96137 Testing administration by psychologist
- 2.9% 96132/96133 Neuropsychological testing evaluation
- 2.2% 96138/96139 Testing administration by technician
- 0.06% 96116 Neurobehavioral status exam

Unreimbursed services provided by clinicians

Respondents were asked about clinical services that they provide for which they are not able to bill insurance companies. Respondents could choose multiple answers.

- 62.4% provide unreimbursed consultation with PCP or other medical professional
- 32.0% provide unreimbursed consultation with schools
- 39.9% provide unreimbursed extended individual therapy beyond 60 minutes
- 20.6% provide unreimbursed extended family therapy beyond 50 minutes

- 36.3% use unreimbursed brief screeners like PHQ-9, GAD-7, MDQ, and PCL-5

Clinicians participating in Medicare and Medicaid

- 41.1% currently accept Medicare
- 14.0% accepted Medicare in the past but not currently
- 44.9% never accepted Medicare
- 46.6% currently accept Medicaid
- 25.0% accepted Medicaid in the past but not currently
- 28.4% never accepted Medicaid

Insurance company satisfaction

We asked those who are in-network with insurance companies to indicate their level of satisfaction/dissatisfaction with the insurer on five variables: claims processing, customer service/provider relations, reimbursement rates, frequency and/or complexity of audits, and ability to determine whether the plan is regulated by NHID or is a self-funded/ERISA plan. We did not ask specific questions about credentialing, though credentialing issues may be covered under questions about satisfaction with customer service/provider relations.

Anthem/BCBS

Claims Processing

- 13.3% very satisfied
- 22.1% somewhat satisfied
- 10.3% neutral
- 15.9% somewhat unsatisfied
- 17.9% very unsatisfied
- 20.5% Don't know/Not applicable

Customer Service/Provider Relations

- 8.2% very satisfied
- 15.5% somewhat satisfied
- 10.4% neutral
- 16.1% somewhat unsatisfied
- 28.5% very unsatisfied
- 21.2% Don't know/Not applicable

Reimbursement Rates

- 10.9% very satisfied
- 24.0% somewhat satisfied
- 13.0% neutral
- 21.9% somewhat unsatisfied
- 13.5% very unsatisfied
- 16.7% Don't know/Not applicable

Frequency and/or complexity of audits

- 5.2% very satisfied
- 9.4% somewhat satisfied
- 18.8% neutral
- 14.1% somewhat unsatisfied
- 13.5% very unsatisfied
- 39.1% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NHID

- 2.1% very satisfied
- 3.7% somewhat satisfied
- 11.5% neutral
- 9.9% somewhat unsatisfied
- 12.6% very unsatisfied
- 60.2% Don't know/Not applicable

Harvard Pilgrim

Claims Processing 28.2% very satisfied

- 21.5% somewhat satisfied
- 12.9% neutral
- 7.4% somewhat unsatisfied
- 3.7% very unsatisfied

Customer Service/Provider Relations

- 18.6% very satisfied
- 19.3% somewhat satisfied
- 16.1% neutral
- 11.2% somewhat unsatisfied
- 4.3% very unsatisfied
- 30.4% Don't Know/Not applicable

Reimbursement Rates

- 15.4% very satisfied
- 26.5% somewhat satisfied
- 14.2% neutral
- 14.8% somewhat unsatisfied
- 6.2% very unsatisfied
- 22.8% Don't know/Not applicable

Frequency and/or complexity of audits

- 7.5% very satisfied
- 8.1% somewhat satisfied
- 21.7% neutral
- 6.8% somewhat unsatisfied
- 3.1% very unsatisfied
- 52.8% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 1.9% very satisfied
- 5.0% somewhat satisfied
- 13.7% neutral

- 5.0% somewhat unsatisfied
- 4.3% very unsatisfied
- 70.2% Don't know/Not applicable

Optum/United Healthcare

Claims Processing

- 30.6% very satisfied
- 22.9% somewhat satisfied
- 8.3% neutral
- 8.3% somewhat unsatisfied
- 3.2% very unsatisfied
- 26.8% Don't know/Not applicable

Customer Service/Provider Relations

- 14.8% very satisfied
- 21.9% somewhat satisfied
- 14.2% neutral
- 12.3% somewhat unsatisfied
- 3.9% very unsatisfied
- 32.9% Don't know/Not applicable

Reimbursement Rates

- 20.6% very satisfied
- 25.8% somewhat satisfied
- 11.6% neutral
- 16.1% somewhat unsatisfied
- 6.5% very unsatisfied
- 19.4% Don't know/Not applicable

Frequency and/or complexity of audits

- 9.0% very satisfied
- 7.1% somewhat satisfied
- 20.0% neutral
- 5.8% somewhat unsatisfied
- 4.5% very unsatisfied
- 53.5% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 2.5% very satisfied
- 1.9% somewhat satisfied
- 14.0% neutral
- 5.7% somewhat unsatisfied
- 6.4% very unsatisfied
- 69.4% Don't know/Not applicable

Tufts

Claims Processing

- 12.6% very satisfied
- 25.2% somewhat satisfied
- 10.9% neutral
- 10.9% somewhat unsatisfied
- 8.4% very unsatisfied
- 31.9% Don't know/Not applicable

Customer Service/Provider Relations

- 5.9% very satisfied
- 19.5% somewhat satisfied
- 14.4% neutral
- 5.9% somewhat unsatisfied
- 15.3% very unsatisfied
- 39.0% Don't know/Not applicable

Reimbursement Rates

- 3.4% very satisfied
- 22.9% somewhat satisfied
- 11.9% neutral
- 14.4% somewhat unsatisfied
- 20.3% very unsatisfied
- 27.1% Don't know/Not applicable

Frequency and/or complexity of audits

- 4.2% very satisfied
- 5.0% somewhat satisfied
- 21.8% neutral
- 3.4% somewhat unsatisfied
- 3.4% very unsatisfied
- 62.2% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 0.8% very satisfied
- 1.7% somewhat satisfied
- 19.3% neutral
- 6.7% somewhat unsatisfied
- 4.2% very unsatisfied
- 67.2% Don't know/Not applicable

Cigna

Claims Processing

- 28.4% very satisfied
- 26.5% somewhat satisfied
- 9.7% neutral
- 7.7% somewhat unsatisfied
- 3.2% very unsatisfied
- 24.5% Don't know/Not applicable

Customer Service/Provider Relations

- 16.9% very satisfied
- 24.0% somewhat satisfied
- 16.9% neutral
- 10.4% somewhat unsatisfied
- 2.6% very unsatisfied
- 29.2% Don't know/Not applicable

Reimbursement Rates

- 9.1% very satisfied
- 19.5% somewhat satisfied
- 9.1% neutral
- 25.3% somewhat unsatisfied
- 18.8% very unsatisfied
- 18.2% Don't know/Not applicable

Frequency and/or complexity of audits

- 8.3% very satisfied
- 9.0% somewhat satisfied
- 25.0% neutral
- 1.9% somewhat unsatisfied
- 1.9% very unsatisfied
- 53.8% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 1.9% very satisfied
- 3.8% somewhat satisfied
- 10.9% neutral
- 10.9% somewhat unsatisfied
- 5.1% very unsatisfied
- 67.3% Don't know/Not applicable

Aetna

Claims Processing

- 17.4% very satisfied
- 22.6% somewhat satisfied
- 14.8% neutral
- 11.3% somewhat unsatisfied
- 2.6% very unsatisfied
- 31.3% Don't know/Not applicable

Customer Service/Provider Relations

- 9.6% very satisfied
- 13.9% somewhat satisfied
- 20.9% neutral
- 9.6% somewhat unsatisfied
- 9.6% very unsatisfied
- 36.5% Don't know/Not applicable

Reimbursement Rates

- 8.7% very satisfied
- 23.5% somewhat satisfied
- 14.8% neutral
- 18.3% somewhat unsatisfied
- 10.4% very unsatisfied
- 24.3% Don't know/Not applicable

Frequency and/or complexity of audits

- 6.1% very satisfied
- 10.4% somewhat satisfied
- 19.1% neutral
- 2.6% somewhat unsatisfied
- 3.4% very unsatisfied
- 58.3% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 2.6% very satisfied
- 4.3% somewhat satisfied
- 16.5% neutral
- 2.6% somewhat unsatisfied
- 3.5% very unsatisfied
- 69.6% Don't know/Not applicable

Ambetter

Claims Processing

- 9.6% very satisfied

- 24.5% somewhat satisfied
- 16.0% neutral
- 9.6% somewhat unsatisfied
- 5.3% very unsatisfied
- 35.1% Don't know/Not applicable

Customer Service/Provider Relations

- 4.3% very satisfied
- 17.0% somewhat satisfied
- 20.2% neutral
- 10.6% somewhat unsatisfied
- 6.4% very unsatisfied
- 40.4% Don't know/Not applicable

Reimbursement Rates

- 3.2% very satisfied
- 12.8% somewhat satisfied
- 13.8% neutral
- 21.3% somewhat unsatisfied
- 19.4% very unsatisfied
- 26.6% Don't know/Not applicable

Frequency and/or complexity of audits

- 2.1% very satisfied
- 7.4% somewhat satisfied
- 23.4% neutral
- 7.4% somewhat unsatisfied
- 2.1% very unsatisfied
- 55.3% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NHID

- 1.1% very satisfied
- 4.3% somewhat satisfied
- 17.0% neutral
- 7.4% somewhat unsatisfied
- 5.3% very unsatisfied
- 62.8% Don't know/Not applicable

Beacon/WellSense

Claims Processing

- 15.3% very satisfied
- 18.4% somewhat satisfied
- 10.2% neutral
- 15.3% somewhat unsatisfied

- 7.1% very unsatisfied
- 33.7% Don't know/Not applicable

Customer Service/Provider Relations

- 10.3% very satisfied
- 13.4% somewhat satisfied
- 14.4% neutral
- 12.4% somewhat unsatisfied
- 10.3% very unsatisfied
- 39.2% Don't know/Not applicable

Reimbursement Rates

- 3.1% very satisfied
- 11.3% somewhat satisfied
- 12.4% neutral
- 14.4% somewhat unsatisfied
- 28.7% very unsatisfied
- 29.9% Don't know/Not applicable

Frequency and/or complexity of audits

- 4.1% very satisfied
- 9.3% somewhat satisfied
- 18.6% neutral
- 5.2% somewhat unsatisfied
- 6.2% very unsatisfied
- 56.7% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 2.1% very satisfied
- 6.3% somewhat satisfied
- 15.6% neutral
- 7.3% somewhat unsatisfied
- 6.3% very unsatisfied
- 62.5% Don't know/Not applicable

New Hampshire Healthy Families

Claims Processing

- 20.7% very satisfied
- 19.0% somewhat satisfied
- 10.3% neutral
- 8.6% somewhat unsatisfied
- 8.6% very unsatisfied
- 32.8% Don't know/Not applicable

Customer Service/Provider Relations

- 9.7% very satisfied
- 19.5% somewhat satisfied
- 16.8% neutral
- 8.8% somewhat unsatisfied
- 8.8% very unsatisfied
- 36.3% Don't know/Not applicable

Reimbursement Rates

- 3.5% very satisfied
- 9.6% somewhat satisfied
- 9.6% neutral
- 15.8% somewhat unsatisfied
- 35.1% very unsatisfied
- 26.3% Don't know/Not applicable

Frequency and/or complexity of audits

- 4.3% very satisfied
- 6.1% somewhat satisfied
- 25.2% neutral
- 2.6% somewhat unsatisfied
- 7.0% very unsatisfied
- 54.8% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 2.6% very satisfied
- 2.6% somewhat satisfied
- 15.7% neutral
- 9.6% somewhat unsatisfied
- 7.8% very unsatisfied
- 61.7% Don't know/Not applicable

Amerihealth Caritas

Claims Processing

- 10.8% very satisfied
- 21.5% somewhat satisfied
- 10.8% neutral
- 6.2% somewhat unsatisfied
- 7.7% very unsatisfied
- 43.1% Don't know/Not applicable

Customer Service/Provider Relations

- 9.2% very satisfied
- 20.0% somewhat satisfied

- 12.3% neutral
- 7.7% somewhat unsatisfied
- 7.7% very unsatisfied
- 43.1% Don't know/Not applicable

Reimbursement Rates

- 3.1% very satisfied
- 9.2% somewhat satisfied
- 13.8% neutral
- 21.5% somewhat unsatisfied
- 20.0% very unsatisfied
- 32.3% Don't know/Not applicable

Frequency and/or complexity of audits

- 1.5% very satisfied
- 9.2% somewhat satisfied
- 12.3% neutral
- 4.6% somewhat unsatisfied
- 4.6% very unsatisfied
- 67.7% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 3.1% very satisfied
- 4.6% somewhat satisfied
- 10.8% neutral
- 1.5% somewhat unsatisfied
- 9.2% very unsatisfied
- 70.8% Don't know/Not applicable

Tricare

Claims Processing

- 15.6% very satisfied
- 17.2% somewhat satisfied
- 17.2% neutral
- 6.3% somewhat unsatisfied
- 6.3% very unsatisfied
- 37.5% Don't know/Not applicable

Customer Service/Provider Relations

- 7.9% very satisfied
- 7.9% somewhat satisfied
- 20.6% neutral
- 9.5% somewhat unsatisfied
- 6.3% very unsatisfied

- 47.6% Don't know/Not applicable

Reimbursement Rates

- 7.8% very satisfied
- 14.1% somewhat satisfied
- 20.3% neutral
- 9.4% somewhat unsatisfied
- 17.2% very unsatisfied
- 31.3% Don't know/Not applicable

Frequency and/or complexity of audits

- 7.8% very satisfied
- 3.1% somewhat satisfied
- 17.2% neutral
- 3.1% somewhat unsatisfied
- 3.1% very unsatisfied
- 65.6% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 1.6% very satisfied
- 3.2% somewhat satisfied
- 14.3% neutral
- 6.3% somewhat unsatisfied
- 3.2% very unsatisfied
- 71.4% Don't know/Not applicable

Martin's Point

Claims Processing

- 14.9% very satisfied
- 20.9% somewhat satisfied
- 14.9% neutral
- 6.0% somewhat unsatisfied
- 4.5% very unsatisfied
- 38.8% Don't know/Not applicable

Customer Service/Provider Relations

- 13.6% very satisfied
- 22.7% somewhat satisfied
- 15.2% neutral
- 3.0% somewhat unsatisfied
- 4.5% very unsatisfied

Reimbursement Rates

- 7.5% very satisfied

- 17.9% somewhat satisfied
- 20.9% neutral
- 17.9% somewhat unsatisfied
- 4.5% very unsatisfied
- 31.3% Don't know/Not applicable

Frequency and/or complexity of audits

- 4.6% very satisfied
- 7.7% somewhat satisfied
- 20.0% neutral
- 0% somewhat unsatisfied
- 1.5% very unsatisfied
- 66.2% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 3.0% very satisfied
- 1.5% somewhat satisfied
- 11.9% neutral
- 1.5% somewhat unsatisfied
- 4.5% very unsatisfied
- 77.6% Don't know/Not applicable

Humana

Claims Processing

- 7.3% very satisfied
- 12.7% somewhat satisfied
- 16.4% neutral
- 7.3% somewhat unsatisfied
- 1.8% very unsatisfied
- 54.5% Don't know/Not applicable

Customer Service/Provider Relations

- 3.6% very satisfied
- 12.7% somewhat satisfied
- 10.9% neutral
- 7.3% somewhat unsatisfied
- 1.8% very unsatisfied
- 63.6% Don't know/Not applicable

Reimbursement Rates

- 1.8% very satisfied
- 9.1% somewhat satisfied
- 20.0% neutral
- 12.7% somewhat unsatisfied

- 3.6% very unsatisfied
- 52.7% Don't know/Not applicable

Frequency and/or complexity of audits

- 0% very satisfied
- 3.6% somewhat satisfied
- 14.5% neutral
- 3.6% somewhat unsatisfied
- 3.6% very unsatisfied
- 74.5% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NHID

- 1.8% very satisfied
- 1.8% somewhat satisfied
- 14.5% neutral
- 5.4% somewhat unsatisfied
- 1.8% very unsatisfied
- 74.5% Don't know/Not applicable

Medicare

Claims Processing

- 17.6% very satisfied
- 30.4% somewhat satisfied
- 10.8% neutral
- 4.9% somewhat unsatisfied
- 2.0% very unsatisfied
- 34.3% Don't know/Not applicable

Customer Service/Provider Relations

- 11.9% very satisfied
- 11.9% somewhat satisfied
- 16.8% neutral
- 10.9% somewhat unsatisfied
- 6.9% very unsatisfied

Reimbursement Rates

- 7.9% very satisfied
- 24.8% somewhat satisfied
- 10.9% neutral
- 15.8% somewhat unsatisfied
- 15.8% very unsatisfied
- 24.8% Don't know/Not applicable

Frequency and/or complexity of audits

- 5.9% very satisfied
- 6.9% somewhat satisfied
- 21.8% neutral
- 2.0% somewhat unsatisfied
- 2.0% very unsatisfied
- 61.4% Don't know/Not applicable

Clarity of self-funded plan and plans regulated by NH Insurance Department

- 5.9% very satisfied
- 5.9% somewhat satisfied
- 13.9% neutral
- 6.9% somewhat unsatisfied
- 1.0% very unsatisfied
- 66.3% Don't know/Not applicable

Survey limitations/Future Plans

- 1) State regulations prohibited us from accessing contact information for all licensed mental health and substance use professionals in the state, thus restricting our respondent pool. For future surveys, we hope to continue to increase access to as many mental health and substance use providers as possible.
- 2) Because we are well aware that the mental health workforce is busy and stretched thin, we sought to balance collection of useful data about mental health practice with survey length in order to encourage respondents to complete the survey in its entirety. This necessarily led to exclusion of some questions. We are always open to feedback for future surveys.
- 3) Not all questions were answered by all respondents, nor does this report include the number of respondents to each question. Please contact BHAC@nhpsychology.org if you would like the number of respondents to each question.