

2008 APA Survey of Health Service Providers: Insurance

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Introduction:

The objective of the *2008 APA Survey of Health Service Providers* was to gain a broad understanding of those psychologists providing health services in the United States. Prior research in this area has focused primarily on APA members, which presents problems for generalizability of the data to nonmember providers. This study attempted to address these limitations by including non-APA member participants. Indeed, this was the first major effort undertaken by the APA Center for Workforce Studies (CWS) to include those outside of the association's membership.

Specifically, this brief report or module focuses on insurance and the ways in which the current health service providers (HSPs) are remunerated for their work. While the vast majority of responses to this particular section of the survey came from APA member psychologists, the data gathered from this effort will be valuable to the association's planning for the entire psychology workforce. As a whole, it is hoped that by researching financial payments to practitioners and sources of professional revenue, valuable glimpses of issues impacting practitioner income and remuneration may become apparent. Furthermore, these data may indicate future trends of access to psychological services. Unlike previous efforts focusing solely on new doctorates or early career psychologists, the data in this report are drawn from the current population of HSPs across all stages of the psychology career.

Methodology:

Thirty-four thousand two hundred and eighty-nine members of APA identified as working as and/or trained as "health service providers" and holding a doctoral degree in psychology were included in the sample. In other words, the membership sample included members engaged in professional practice or potentially eligible to do so by merit of training or educational background sufficient for licensure in most jurisdictions.

Additionally, a roster of licensed, doctoral-level psychologists in the United States was purchased by CWS in April 2008, from a vendor able to compile a listing of individuals with state-issued professional licenses in psychology. The vendor culled duplicate entries across states and forwarded this list of 99,350 names and mailing addresses on to CWS. This list was then compared against the member sample of HSPs to remove duplicate records.

For the first wave in September 2008, an email invitation was sent to 23,818 members identified as licensed by one or more state licensing agencies/boards and having a valid email address on file with APA. Three follow-up reminders were sent to non-respondents one week apart.

The second email distribution was sent in October to 10,471 members with unconfirmed licensure status (names not appearing on the purchased list) and valid email addresses on file with APA. Non-respondents from this distribution received three follow-up reminders also spaced one week apart.

Third, 10,000 randomly selected licensed psychologists (members and non-members) were mailed a paper version of the survey along with a URL address to access the online version from an internet accessible personal computer. The paper instrument did not include questions pertaining to insurance and methods of client payments. However, 83 of the 5,486 online responses received for this effort were identified as originating from the general survey URL provided to those included in the paper distribution. As such, this small group of respondents consisted of APA members and non-members.

Only fully completed and submitted online surveys were included in analysis; data from partial or saved surveys were excluded. Four modules were randomly assigned to the 5,486 members of the sample. One thousand three hundred and eighteen participants completed this Insurance module. This brief focuses on the results from those chosen to participate in this section of the survey. Measures of central tendency for values less than 10 in demographic categories were suppressed to protect confidentiality.

Given the exploratory nature of this study, only proportions and frequencies were reported; no distinction between members and non-members is implied beyond descriptive convenience.

Results:

Participants answered several questions regarding their participation with various insurance programs and how they were paid for their services. The vast majority of respondents (94%) identified that they were licensed for professional practice in psychology by one or more state licensure boards/agencies. Those not licensed to practice may have been working in settings or performing activities that did not require a license.

Table 1 summarizes general demographic characteristics of those responding to questions in the insurance module. Missing values were excluded prior to analysis. The majority of respondents (94%) were licensed for professional practice by at least one state licensing board or agency. The remaining respondents may not be licensed due to a work setting (i.e. consulting) or a position (i.e. faculty or administration) not requiring licensure. Consistent with other CWS studies, more than three fourths (78%) of respondents held a PhD degree while one fifth (20%) indicated that they held a PsyD degree. Just over 2% reported an EdD degree. Women were in the majority (60%) and 4 percent of participants identified as Latino/Hispanic. The other race/ethnicity categories for this module are consistent with the full population of those surveyed in this full effort, as well as the other sub-groups analyzed in the other modules. Less than 5% reported a disability. Among those that chose to respond to the sexual orientation item, 7 percent identified as gay, lesbian, bisexual, or other orientation. On average respondents have been licensed for 17 years ($SD=10.48$) with 20 the most frequent number of years licensed. The longest duration of licensure was 46 years. The median age for participants responding to this insurance module was 54.

Table 1
Characteristics of Insurance Module Respondents

			n	%
Licensure Status				
	Yes		1,242	94.2
	No		76	5.8
	Total		1,318	100.0
Latino/Hispanic Origin				
	Valid N	1,242		
	Latino		44	3.5
Race/Ethnicity				
	Valid N	1,282		
	Native American		7	0.5
	Asian		27	2.1
	Black/African American		39	3.0
	Hawaiian/Pacific Islander		1	0.1
	White		1,189	92.7
	Multiracial		12	0.9
	Other		13	1.0
Gender				
	Male		534	41.0
	Female		769	59.0
	Transgender		1	0.1
	Total		1,304	100.0
Degree				
	PhD		1,015	77.9
	PsyD		258	19.8
	EdD		30	2.3
	Total		1,303	100.0
Sexual Orientation				
	Heterosexual		1,157	90.7
	Gay		20	1.6
	Lesbian		35	2.7
	Bisexual		26	2.0
	Other		9	0.7
	Prefer not to answer		29	2.3
	Total		1,276	100.0
Disabilities				
	Yes		58	4.5
	No		1,237	95.5
	Total		1,295	100.0

Notes: N=1,318. Totals sum greater than 100 percent for the Race/Ethnicity category as respondents could select multiple options. Missing values were excluded prior to analysis.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 2 shows levels of participation in federal programs where services are provided on a contractual basis. Respondents could select multiple options between Tricare, VA, or other governmental program. More than half of those responding to this item (56%) selected Tricare, while just under half (49%) participated in an “Other” government program under contract. VA participation was least prevalent at only 12%.

Table 2
Level of Participation in Federal Programs on a Contractual Basis

Program	n	%
Tricare	243	56.5
VA	52	12.1
Other government program(s)	210	48.8

Notes: N=430. Totals sum greater than 100 percent as respondents could select multiple options. Missing values were excluded prior to analysis.

Source: 2008 Psychology HSP Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 3 reports the extent to which HSPs contracted with behavioral health carve-out plans and frequencies are reported in aggregate and by demographic characteristics. With the exception of EdDs, slight majorities or greater of HSPs reported that they do not participate in carve-out plans across nearly every listed characteristic. The small cohort of EdDs in this study was insufficient as a basis for analysis and presentation of data. Also, EdDs may work in professional settings where contracting with carve-out plans is uncommon. Blacks/African Americans reported the highest percentage of non-participation in carve-out plans (88%) except for Native Americans (100%). Yet, the small population of Native American participants does not allow for inferences to the general population of these psychologists.

Table 3
Contracts with Behavioral Health Carve-out Plans by
Demographic Characteristics

	Yes		No	
	n	%	n	%
All	400	34.5	761	65.5
PhD	293	32.8	599	67.2
PsyD	86	37.6	143	62.4
EdD	14	53.8	12	46.2
Male	168	34.9	313	65.1
Female	231	34.2	445	65.8
Latino	8	20.0	32	80.0
Black/African American	4	11.8	30	88.2
Asian	6	27.3	16	72.7
Native American	0	0.0	5	100.0
White/Caucasian	378	35.5	687	64.5
Gay	8	40.0	12	60.0
Lesbian	11	36.7	19	63.3
Bisexual	5	21.7	18	78.3
Disabilities	16	32.0	34	68.0

Notes: Valid N=1,161. Only valid percents are reported. Missing values were excluded prior to analysis.

Source: 2008 Psychology HSP Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 4 breaks out the proportion of payments that clients that pay directly or for whom HSPs bill insurance companies. In aggregate, respondents informed us that 33% of their payments were paid directly, while the remaining two thirds (67%) of payments were obtained by billing insurance plans.

Table 4
Proportion of Clients by Payment Method

Method	Mean %	SD
Clients that pay directly	33.1	38.35
Clients for whom I bill insurance on their behalf	66.9	38.35

Note: Valid N=891. Missing values were excluded prior to analysis.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 5 analyzes Medicare participation by demographic characteristics. One hundred and thirty-six respondents reported that they had previously participated in Medicare but do so no longer. EdDs reported the highest proportion of participation in Medicare (82%) with nearly half of PhDs and PsyDs participating (49% and 48% respectively). As previously mentioned the small cohort of EdDs (N=27 for this item), does not allow for meaningful analysis. Nearly half of women (47%) and 52% of men participated. Ethnic minority psychologists reported the lowest proportion of Medicare participation, ranging from 16% for Latinos to 35% for Asians. White/Caucasians held the greatest level of participation at 51% as did those identifying a disability (50%). For those not currently participating in Medicare, the majority had never participated.

Table 5
Medicare Participation by Demographic Characteristics

	Yes		No, Never participated		No, No longer participate	
	n	%	n	%	n	%
All	612	49.3	493	39.7	136	11.0
PhD	465	48.6	380	39.7	111	11.6
PsyD	117	48.1	104	42.8	22	9.1
EdD	22	81.5	3	11.1	2	7.4
Male	269	52.1	177	34.3	70	13.6
Female	340	47.2	316	43.8	65	9.0
Latino	7	16.3	32	74.4	4	9.3
Black/African American	7	18.4	28	73.7	3	7.9
Asian	8	34.8	15	65.2	0	0.0
Native American	2	33.3	3	50.0	1	16.7
White/Caucasian	578	51.0	427	37.7	129	11.4
Gay	11	57.9	7	36.8	1	5.3
Lesbian	16	51.6	15	48.4	0	0.0
Bisexual	8	30.8	15	57.7	3	11.5
Disabilities	26	49.1	19	35.8	8	15.1

Notes: Valid N=1,241. Only valid percents are reported. Missing values were excluded prior to analysis.

Source: 2008 Psychology HSP Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 5a highlights the reasons that respondents were not participating in Medicare. Just under one third (31%) stated an “Other” reason for non-participation in Medicare. Many respondents do not participate in Medicare by virtue of their client case-mix (30%). Yet nearly one quarter (23%) chose to not participate or discontinue participation due to reimbursement rates.

Table 5a
Reasons for Not Participating in Medicare

Reason	n	%
Client case-mix is primarily non-Medicare eligible	187	29.7
I stopped participating in all/do not participate in any insurance plans	120	19.1
Reimbursement rates became/are too low	143	22.7
Delays in getting paid	75	11.9
Other	195	31.0

Note: Valid N=629. Totals sum greater than 100 as respondents could select multiple options.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 5b explores the other reasons that respondents do not or no longer participate in Medicare beyond the options provided in Table 5a. While more than one quarter (27%) of responses did not fit a discernable category, nearly one fifth (19%) stated that inconvenient or burdensome paperwork and administration as contributing to their non-participation. Work setting also determined Medicare participation, as those working in organized health care settings (such as prisons, VA, and schools) or other work settings not eligible for Medicare (including retirees) accounted for 41%. Also, new doctorates providing services under supervision provided non-licensure as a reason for not participating in Medicare (6%). A small proportion of respondents received funding through grants or offered their services pro bono (5%).

Table 5b
Other Reasons for Not Participating in Medicare

Reason	n	%
Paperwork/Inconvenience/Billing discrepancies/Burdensome	37	19.0
Public or other organized work setting (other than VA/military/corrections)	34	17.4
Work in a VA or military facility; or clients VA eligible	23	11.8
Work setting isn't applicable;retired	19	9.7
Not yet licensed; not licensed	11	5.6
Other funding source (i.e. grants) or pro bono	9	4.6
Removed due to lack of claims	5	2.6
Work in a correctional institution (federal or state)	4	2.1
Miscellaneous	53	27.2
Total	195	100.0

Note: Valid N=195.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 6 analyzes Medicaid participation by demographic characteristics. When compared to the level of participation in Medicare, a smaller proportion of psychologists reported participation in Medicaid, 32% versus 49%. By characteristic, smaller proportions were reported for each category; at or less than 33%. As was evident in Table 5, for those not participating, the majority never participated.

Table 6

Medicaid Participation by Demographic Characteristics

	Yes		No, Never participated		No, No longer participate	
	n	%	n	%	n	%
All	389	31.5	683	55.4	161	13.1
PhD	293	30.8	529	55.7	128	13.5
PsyD	83	34.4	133	55.2	25	10.4
EdD	9	33.3	14	51.9	4	14.8
Male	175	34.2	250	48.8	87	17.0
Female	211	29.4	432	60.3	74	10.3
Latino	5	12.2	34	82.9	2	4.9
Black/African American	9	23.7	25	65.8	4	10.5
Asian	5	21.7	16	69.6	2	8.7
Native American	0	0.0	4	66.7	2	33.3
White/Caucasian	363	32.2	613	54.3	152	13.5
Gay	3	15.8	14	73.7	2	10.5
Lesbian	10	33.3	19	63.3	1	3.3
Bisexual	3	11.5	21	80.8	2	7.7
Disabilities	18	34.6	27	51.9	7	13.5

Notes: Valid N=1,233. Missing values were excluded prior to analysis.

Source: 2008 Psychology HSP Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 6a highlights the reasons why respondents were not participating in Medicaid. Slightly more than one third of psychologists selected an "Other" reason for not participating. As was discovered in Table 5a for Medicare, respondents felt that issues concerning reimbursement rates contributed to their non-participation, but at a higher proportion (32% compared to 23% for Medicare).

Table 6a
Reasons for Not Participating in Medicaid

Reason	n	%
Client case-mix is primarily non-Medicaid eligible	200	23.7
I stopped participating in all/do not participate in any insurance plans	154	18.2
Reimbursement rates became/are too low	266	31.5
Delays in getting paid	115	13.6
Other	235	27.8

Note: Valid N=844. Totals sum greater than 100 as respondents could select multiple options.

Source: 2008 Psychology Health Service Provider Survey; American Psychological Association, Center for Workforce Studies, August 2009.

Table 6b examines more specific “Other” reasons that respondents no longer participated or do not participate in Medicaid. Many of the reasons for not participating in Medicaid are similar to those offered by respondents in Table 5b (Other Reasons for Not Participating in Medicare). Similarly, paperwork burdens were a primary reason for nearly one fifth of respondents (19%). Yet, the most common reason was that psychology is not included in some states’ Medicaid programs (20%). Work setting also determined participation in Medicaid, with 37% stating that their current employment (including retirement) doesn’t necessitate Medicaid participation. A small proportion of respondents received funding through grants or provided services *pro bono* (3%). As found in Table 5b, 5% of respondents are not yet licensed and as such unable to participate in Medicaid.

Table 6b
Other Reasons for Not Participating in Medicaid

Reason	n	%
Psychology ineligible for participation in state of practice	46	19.6
Paperwork/Inconvenience/Billing discrepancies/Burdensome	44	18.7
Work setting isn't applicable;retired	38	16.2
Work in a VA or military facility; or clients VA eligible	28	11.9
Public or other organized work setting (other than VA/military/corrections)	21	8.9
Not yet licensed; not licensed	11	4.7
Other funding source (i.e. grants) or pro bono	8	3.4
Work in a correctional institution (federal or state)	3	1.3
Miscellaneous	36	15.3
Total	235	100.0

Note: Valid N=235.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Table 7 breaks out the methods by which patient services were covered financially across various private, public, and personal sources. Across all respondents, 43% of revenue from clients came from private insurance payments. Self-pay by clients accounted for 21% of financial remuneration to psychologists for health care services. At 2%, Tricare accounted for the smallest proportion of revenue.

Table 7
Client Coverage

Coverage	Mean %	SD
Private Insurance	42.9	35.76
Medicare	11.5	20.58
Medicaid	10.1	22.56
VA	4.2	19.45
Tricare	1.8	8.48
Other government program	8.3	24.55
Self-pay	21.2	31.50
Total	100.0	**

Note: Valid N=1,062. Missing values were excluded prior to analysis.

Source: 2008 Psychology Health Service Provider Survey, American Psychological Association, Center for Workforce Studies, August 2009.

Conclusion:

The reasons respondents were not participating or discontinued participation in federal programs such as Medicare and Medicaid suggest that the complexities and administrative procedures of these programs encourage many HSPs in independent settings to opt out of participation. Those working in organized settings such as schools, VA facilities, or hospitals do not encounter these issues but may be providing services to focused subgroups of the broader population. Although the majority of respondents reported that their clients pay by private insurance and/or through a government program, a significant number of these psychologists rely on clients able to pay directly. In short, does a client's method of payment or type of insurance determine access to psychological care? As increasing numbers of health service provider psychologists enter the workforce each year, policymakers should be aware of challenges faced by those currently in the workforce and how their participation in public and private insurance programs affects access to mental health services.

Appendix: Partial Instrument—Insurance Module

Appendix: Partial Instrument—Insurance Module

- Through which federal programs do you provide services on a contractual basis? (mark all that apply)
 - ☐ Tricare
 - ☐ VA
 - ☐ Other government program(s) (please specify)
- Do you contract with any behavioral health carve-out plans (e.g. Magellan, PacificCare)?
 - ☐ No
 - ☐ Yes
- What is the proportion of clients
 - ☐ That pay you directly
 - ☐ for whom you bill insurance on their behalf
- Are you currently a participating Medicare provider?
 - ☐ Yes
 - ☐ No, I was never a participating provider
 - ☐ No, I am no longer a participating provider
- If you previously participated in Medicare but no longer do so, when (month/year) did you leave the Medicare program?
 - ☐ Month
 - ☐ Year
- Indicate the reason(s) you no longer or do not participate in Medicare. (mark all that apply)
 - ☐ Client case-mix is primarily non-Medicare eligible
 - ☐ I stopped participating in all/do not participate in any insurance plans
 - ☐ Reimbursement rates became/are too low
 - ☐ Delays in getting paid
 - ☐ Other (please specify)

- Are you currently a participating Medicaid provider?
 - Yes
 - No, I was never a participating provider
 - No, I am no longer a participating provider

- If you previously participated in Medicaid but no longer do so, when (month/year) did you leave the Medicaid program?
 - Month
 - Year

- Indicate the reason(s) you no longer or do not participate in Medicaid. (mark all that apply)
 - Client case-mix is primarily non-Medicaid eligible
 - I stopped participating in all/do not participate in any insurance plans
 - Reimbursement rates became/are too low
 - Delays in getting paid
 - Other (please specify)

- Of your total client caseload, in the last typical week, what proportion of your clients are covered by (categories should add up to 100%):
 - Private insurance
 - Medicare
 - Medicaid
 - VA
 - Tricare
 - Other government program
 - Self-pay