

Evolutionary Recovery & Psychotherapy, LLC

“Creating Programs for Conscious Change & Development”

ME LD LD1045: I am in favor of this bill.

The experience I bring to this testimony is 35 years in private practice: (Professional profiles located on Psychology Today & LinkedIn websites under Linda White, Camden, Maine)

1. Manage a small private practice as a licensed clinical professional counselor
2. Worked in New Zealand as registered psychologist under a national healthcare system
3. Began as a licensed clinical professional counselor in Maryland during a time when clients paid provider directly and submitted receipts to their insurance company for reimbursement

1. Currently there is no oversight of insurance companies on behalf of healthcare providers. Maine Insurance Bureau only advocates for subscribers of insurance.

2. 7502.G. Ensure enough healthcare providers to guarantee timely access

- a. Experienced clinicians are leaving the profession due to the administrative and clinical concerns brought on by managed care
- b. My caseload load capacity has slowly reduced from 24-30 clients a week to 6-8 clients to account for administrative complexity of insurance companies
- b. Non-billable provider hours invested with insurance administrative issues diverts from clinical hours with clients and impacts clinical and financial efficacy.
- c. To maintain quality and quantity of clinicians within the system reimbursement needs to reflect the time, education, expertise and experience providers bring.

3. 7502.I. Provide adequate and timely payments to providers

February, 2021: Overdue invoices amounting to \$3000 for six Anthem clients with two client accounts overdue by \$1000 each. Decision was made, in collaboration with clients, to not schedule insurance sessions until invoices were paid. which impacted clinical efficacy. Clients were willing to self pay for sessions to assure continuity of care however self pay sessions are prohibited until provider agreement. Last outstanding payment was received on May 8, 2020 for services rendered November and December, 2020. Clinical services were interrupted, and in some cases terminated due to claims

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processing delays through no fault of provider or clients part. Three other situations , each of which took a year to resolve, neither I or my clients were informed as to the reason for the delay in payment. The delays required an investment of time by providers to assure payment and also became a concern within the therapeutic relationship with clients.

4. 7502.L. Use a simple funding and payment method and 7507.7 No cost Sharing

- a. An inordinate amount of provider non-billable time is spent on managing the myriad of client plans, deductibles, copays and co-insurances which vary both within individual client plans and also between the various insurance companies.
 1. keeping up to date with all the variance of policies, plans and procedures
 2. Time invested navigating various departments within insurance company
 3. Understanding relationships and affiliations between various companies:
Affiliation between Anthem/Availity/Behavioral Health Care Providers
and affiliation between United Healthcare/Optum as two examples.
 4. Offshore staff not adequately trained and language barrier contributes to communication challenges and incorrect information being provided.
 5. Circular phone tree system repeatedly asks for information that it does not register and then disconnects. Reroutes calls back and forth.
- b. If one considers the challenges in accounting for personal medical expenses against remittances consider that as a provider this task is multiplied by the number of clients in a provider caseload with the management of the variations in client plans and the various insurance companies.
- c. With seven clients and one insurance company the variances in reimbursement rates, copays, co-insurance and deductibles increase complexity.

Current Anthem reimbursement rates are \$89.81 or \$99.83. Why not round to (\$90/\$100 to ease accounting processes for small businesses.
- d. Policies and plans can change at any time impacting provider agreement and subsequently the therapeutic relationship.

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- e. Deductibles of policy variance between in-network and out of network providers make it prohibitive for many clients to work with out of network providers. For example a client with CHO had a \$500 deductible for an inpatient mental health provider and a \$15,000 deductible for an out of network mental health provider.

5. 7507.1.B Develop an equitable and affordable premium structure based on income

Impact of managed care on clinical efficacy

- a. Unpaid claims become a clinical concern within therapeutic relationship
- b. Clinical relationships have been terminated prematurely or compromised due to unpaid claims/remittances through no fault of client or provider.
- c. Time is invested in administrative and financial concerns than would be better invested in the clinical aspects of clients presenting concerns.
- d. Over a year of non-billable administrative hours, on three separate occasions (Anthem, Community Health Options and United Healthcare) were invested in resolution of claim issues due to internal administrative issues.

6. Providers must be paid within 30 business days for claims:

- 7. **7509.4 .No balance billing:** Request an amendment be considered to account for variances in expertise, training and experience as senior clinicians reimbursed at same rate as those entering the profession.

Summary of the Points Above: A complaint of over 400 provider Connecticut providers to Anthem, found in the link below, speaks to the concerns experienced as a Maine provider:

<https://patch.com/connecticut/southington/connecticut-mental-health-providers-file-complaint-against-anthem>

Summary in favor of Universal healthcare:

Universal healthcare would over-ride the current concern of no oversight of health insurance companies on behalf of the providers, clinical and financial efficacy on providers behalf would be restored, providers could return to full case loads rather than spending valuable clinical time on non-billable administrative issues and attrition rates of experienced providers would decline.