lower shore clinic
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Testimony on HB 455
Health Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits – Treatment Criteria
House Health and Government Operations Committee
February 20, 2020
POSITION: SUPPORT

I am the CEO of Lower Shore Clinic, Inc, a community-based behavioral health provider located in Wicomico County. Our organization serves 1900 individuals every year, offering mental health evaluation and medication management, individual, group, and family counseling, medication assisted treatment, treatment planning, crisis planning, referral to specialty programs, and primary care services.

Improving access to mental health or addiction treatment for individuals with commercial insurance is a critical need in my community.

Currently, there are limitations in our area for clients who have commercial insurers. In our area there is a wait period of at least 3 months to see a private psychiatric prescriber for members who have private insurance. Lower Shore Clinic has contracted with several commercial carriers, however there are still barriers for clients whose insurance transitions from public to private payors; creating gaps in care and often a relapse of illness.

Despite the great need for improved access to treatment, my organization has encountered barriers to increasing our participation in insurance plans offered by commercial carriers.

- Some insurances deny applications for therapists reporting that there is an adequate network of providers, despite waitlists. Many of these payors do accept applications for prescribers, which creates unrealistic expectations for the public who expect to see a prescriber without a therapist, something that is not best practice or supported by the OMHC model.
- Lack of coverage for many masters' level clinicians- such as LMSW, LGPC, RN-BC, RN-C, leading to a narrowing of available providers with whom a consumer can meet.
- The rates provided are not adequate to operate a free-standing clinic. We use other funding resources to float the Clinic operations and services.

When we aren't credentialed to serve an individual seeking care through an insurance plan, significant costs accrue to us as an organization or to the individual seeking care.

- Time spent on submitting redundant and duplicative applications

- Time spent researching denials and in vs out of network coverage
- Costs to the consumer whose insurance does not contract with provider types
- Variations in allowable amount creates strain and duplicative work for both billing submission configuration, adjustments, and application of payment.
- Reimbursement rates are significantly lower for many private insurers than from Medicaid/Medicare, sometimes by as much as 50%.

We believe that the Maryland Insurance Administration (MIA) must be proactive in examining carrier practices – including carriers' actual implementation of policies that impact access to behavioral health treatment – in order to ensure that Marylanders with behavioral health needs have access to services for which they pay their insurance premiums.

We urge a favorable report for HB 455.

Dimitrios Cavathas, LCSW-C