



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

I am the President and CEO of Cornerstone Montgomery, a community-based behavioral health provider located in Montgomery County. Our organization serves 2,500 individuals every year, offering a full array of behavioral health services including Residential Rehabilitation, Vocational, Residential Crisis, Integrated Treatment for Co-Occurring Disorders, Outpatient Mental Health Clinics and Day Programs.

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

Cornerstone Montgomery is an in-network provider with one commercial insurer and is seeking to be paneled with others. It is an administrative burden to become paneled with a commercial insurance provider as it requires us to credential each individual provider rather than being credentialed as a facility. This means we are credentialing a provider multiple times - once when we hire them as a Cornerstone Montgomery staff member and again for each commercial provider with whom we want to be paneled. These additional requirements result in a delay in initiating services as credentialing takes longer when you have to credential individuals as opposed to credentialing a facility. We were informed that once we submitted all of the requested paperwork it would be 60 days until we were paneled - in reality it took more than eight months.

Many of our programs have a wait list and individuals seeking treatment often have to wait weeks or even months before being seen. For someone experiencing a mental health or substance use crisis, this can be a matter of life and death - for someone with commercial insurance this becomes even more urgent when they can't find an in-network provider.

Frequently, potential clients will seek services with us as an out-of-network provider. For these individuals, this often translates into higher out of pocket costs as the deductibles, and co-pays are often more than they would be for an in-network provider. This often means that the individual does not pay us and Cornerstone Montgomery is left providing un-reimbursed services. Commercial insurance only covers outpatient mental health services for in-network or out of network benefits. When someone calls seeking any of our other wrap around services, we have to tell them that they are in-eligible and the only way to become eligible would be to drop their private insurance and enroll in Medicaid, shifting the cost from commercial insurance to the state. Parity should ensure that Medicaid is not the insurance of choice to be eligible for services that are critical to the recovery of people with mental health and substance use disorders.

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.

Sincerely,

Cari Guthrie Cho, LCSW-C
President and CEO
Cornerstone Montgomery