



REACH HEALTH SERVICES

February 20, 2020

Health-Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits-
Treatment Criteria – HB 455
House Health and Government Operations Committee Hearing
February 20, 2020
SUPPORT

Thank you for the opportunity to submit testimony in support of HB 455 which would establish annual compliance and data reporting standards to improve enforcement of the Mental Health Parity and Addiction Equity Act in Maryland. This testimony is submitted on behalf of the Institutes for Behavior Resources, Inc. We are a full service behavioral health program serving over 1500 people annually. We provide walk in admissions, outpatient and intensive outpatient counseling, mental health counseling, health home case management services, and medications used to treat opioid use disorders.

IBR participates in most state-regulated commercial insurance plans in Maryland. We do so because many of our patients have insurance through the Exchange or their employer, and we want them to be able to use their insurance to pay for treatment. Substance use disorders are chronic medical conditions and many patients participate in treatment at IBR for an indefinite time. We also accept Medicaid, Medicare and we offer a sliding fee scale for our uninsured and underinsured patient populations.

In 2018, IBR sought credentialing with Cigna because we have many patients with that insurance. IBR submitted all the required documentation. Several months later, Cigna rejected our credentialing application stating that they did not need additional substance use disorder providers in their network. We questioned that we had patients who had recently selected Cigna based on their employer sponsored plans, some of those patients having been with us for years, and were told that they could pay out of network, or they would have to leave, we were given the name of one other substance use disorders treatment program that offered medications and told we could refer to them.

We subsequently learned that the Maryland Insurance Administration had issued an order against Cigna for denying credentialing to 5 substance use disorder programs based on “no network need identified.” The MIA found that Cigna admitted all 122 medical facilities that applied during the same time period, even though the carrier also found that there was “no network need identified.” The MIA found that Cigna exercised its discretion in a discriminatory way to exclude substance use disorder facilities.

IBR was one of those 5 substance use disorder programs excluded from Cigna’s network. When we learned about the MIA’s decision, we resubmitted our application to Cigna for credentialing, expecting that Cigna would now handle IBR’s application like other medical facilities and admit us to their network. We were disappointed to learn (again) in the spring of 2019 that Cigna again denied IBR’s credentialing application citing there was “no network need identified.”

Cigna’s decision has a significant impact on our patients who have that coverage. They cannot afford to pay the cost of out-of-network treatment. To ensure that our patients have access to affordable care,

IBR will reluctantly transfer patients to other opioid treatment programs that are in their carrier's network. When we made this referral arrangement for one Cigna member, he indicated that he would return to IBR, if and when his insurance changed, because he did not want to leave treatment with us.

We do not think that patients should be required to disrupt their successful treatment, especially when an insurer has been found to discriminate in its network admission practices. We know that Cigna has not satisfied our state's network adequacy metrics and could do better if it credentialed programs like IBR.

A parity compliance and data reporting requirement with strong penalties is needed to ensure that state regulators can monitor carrier practices on an annual basis so that they do not deny our patients access to treatment and ensure that programs, like IBR, can serve our citizens with affordable treatment.

Thank you for considering our views. We urge you to issue a favorable report on HB 455.

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