



## **SB 113**

### **Health Insurance – Provider Panels – Definitions of Provider and Health Care Services**

Senate Finance Committee

January 15, 2020

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the professional organization for community-based programs offering outpatient mental health and substance use treatment, residential services, psychiatric rehabilitation, and crisis services. Our 65 members serve nearly three-quarters of the 290,000 individuals using Maryland’s public behavioral health system.

We support SB 113 because it subjects carriers to the same timelines for credentialing facilities as they currently must meet when credentialing individuals. This may have a secondary impact of including more facilities in carriers’ network directories, a benefit for behavioral health consumers who may wish to get services at a particular location – such as an outpatient mental health center (OMHC) - as opposed to knowing the name of an individual practitioner they wish to see.

While SB 113 is an important first step, we urge the Maryland Insurance Administration to support “deemed credentialing” in facilities such as OMHCs in order to increase access to behavioral health services for those covered by commercial insurance. OMHCs are designed to provide various disciplines (psychiatrists, licensed social workers, licensed counselors, psychologists, etc.), types of clinicians (male and female clinicians who see adults, children & adolescents, and/or geriatric clients), and specialties (treatment of trauma, serious mental illness, mood disorders, etc.) under one roof. The idea is to utilize a team approach and provide quick access to anyone needing services.

Medicaid allows OMHCs to internally credential individual clinicians, so there are rarely lags in access for Medicaid recipients since all clinicians working under the OMHC umbrella are credentialed with Medicaid. Commercial carriers, however, require each individual clinician to go through the carriers’ credentialing processes, leading to delays and access problems when a clinician leaves the OMHC or in instances where there are specialized requests for a certain type of clinician. CBH members have noted that they are sometimes able to credential their psychiatrists but not the therapists who work together with those prescribers. Clients are then forced to go to two different places for treatment, even if they wish to have their medication management and therapy provided in the same location. It also creates challenges for coordination between the prescriber and therapist, who practice in different locations.

We urge a favorable vote for SB 113 and welcome further discussion on deemed credentialing.

