

MATOD FAV SB 113

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Senate Finance Committee
January 15, 2020

**Senate Bill 113 - Health Insurance - Provider Panels -
Definitions of Provider and Health Care Services**

Support

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The Maryland Association for the Treatment of Opioid Dependence (MATOD) supports SB 113, which holds carriers accountable to existing credentialing deadlines for substance use disorder and mental health facilities. Making sure credentialing decisions are made in a timely manner is necessary so consumers have access to treatment services.

We urge the Maryland Insurance Administration to go a step further and prohibit carriers from also requiring that each individual clinician working in a facility be individually credentialed when the facility is the billing entity.

This improved credentialing process would significantly enhance access to and continuity of substance use disorder treatment. The recommended improved credentialing process would allow the credentialed treatment facility to continue to bill insurers for services during the months it can take to get new clinicians credentialed.

Maryland Medicaid has already enacted this improved process, and we urge the private sector to follow suit.



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MATOD members include over 60 community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

NCADD FAV SB113

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Position: FAV



**Senate Finance Committee
January 15, 2020**

**Senate Bill 113
Health Insurance - Provider Panels - Definitions of Provider and
Health Care Services**

Support

NCADD-Maryland supports Senate Bill 113. This bill will hold insurance carriers to the existing credentialing time-table when considering health care facilities, including substance use and mental health disorder treatment programs. More timely decisions regarding credentialing should improve access to care.

In addition, NCADD-Maryland's partners who provide direct treatment would like to see the law enhanced further, by prohibiting carriers who credential facilities to also require each clinician in its employ to be individually credentialed, when the facility is the billing entity. This adds unnecessary delays in a program's ability to bill and be reimbursed for services, especially when program staff turnover occurs, which is often in a field where a workforce shortage exists.

We urge your support of Senate Bill 113 and consideration of its expansion as described above.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

CBHLoriDoyle_FAV_SB113

Uploaded by: Doyle, Lori

Position: FAV



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.

LCPCM_FAV_SB 113 Support

Uploaded by: FAULKNER, RACHAEL

Position: FAV



Support

Senate Bill 113 – Health Insurance – Provider Panels – Definition of Provider and Health Care Services

Senate Finance Committee

January 15, 2020

The Licensed Clinical Professional Counselors (LCPCM) supports *Senate Bill 113 – Health Insurance – Provider Panels – Definition of Provider and Health Care Services*. This bill amends the definition of “provider” and adds a definition of “health care services” to clarify that the health care provider credentialing law applies to certain behavioral health service providers.

Marylanders continue to have difficulty accessing behavioral health services due to an overall shortage of behavioral health providers and an insufficient number of providers in health plan networks. LCPCM has been very supportive in recent years in addressing network adequacy including efforts in 2019 to pass legislation ensuring that insurers could not reject licensed graduate mental health providers on their provider panels when employed by community-based behavioral health programs. SB 113 is another step forward in closing the gap for consumers seeking mental health treatment.

Thank you for your consideration of our testimony. If you need further information, please contact our legislative representative, Rachael Faulkner, at (410) 693-4000 or rfaulkner@policypartners.net.

HEAU_FAV_SB 113

Uploaded by: O'Connor, Patricia

Position: FAV

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January 15, 2020

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: Patricia F. O'Connor, Health Education and Advocacy Unit

Re: Senate Bill 113 (Health Insurance - Provider Panels - Definitions of Provider and Health Care Services): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 113 because consumers would benefit from improvements to the network adequacy statute, Md. Code Ann., Ins. § 15-112. The statute is intended to ensure that all enrollees in plans with provider panels "have access to providers and covered services without unreasonable travel or delay." Md. Code Ann., Ins. §15-112(b)(3)(i). But enrollees continue to complain about lack of access, despite having paid substantial premiums to carriers for their plans.

The bill expands current definitions in a way that would clearly include facilities and pharmacies. As a result, those applicants would be subject to the statute's framework for credentialing that carriers must comply with for all other applicants to provider panels, instead of a carrier's own (usually more burdensome) credentialing process.

We hope enrollees will have improved access to behavioral health services, in particular, if the bill is enacted. Easing participation by more facilities in provider panels as the bill intends would also improve access to other services. ("Health care facility" means a health care setting or institution providing physical, mental, or substance use disorder health care services [and] includes a hospital; an ambulatory surgical or treatment center; a skilled nursing facility; a residential treatment center; an urgent care center; a diagnostic, laboratory, or imaging center; a rehabilitation facility; and any other therapeutic health care setting" Md. Code Ann., Ins. §15-112(a)(10)(punctuation omitted).

For these reasons, we urge a favorable report by the Committee.

cc: Members of the Finance Committee

MIA_FAV_SB113

Uploaded by: Paddy, Michael

Position: FAV

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**TESTIMONY OF
THE
MARYLAND INSURANCE ADMINISTRATION
BEFORE THE
SENATE FINANCE COMMITTEE**

JANUARY 15, 2020

**SENATE BILL 113 – HEALTH INSURANCE - PROVIDER PANELS - DEFINITIONS OF PROVIDER
AND HEALTH CARE SERVICES**

POSITION: SUPPORT

Thank you for the opportunity to provide written comments regarding Senate Bill 113. Senate Bill 113 adds a definition for “health care services” and redefines “provider” through cross references to another section of the Insurance Article. Currently, § 15-112 of the Insurance Article provides a statutory framework for credentialing providers with carriers. Providers are currently defined in §15-112 as health care practitioners or groups of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services. Section 15-112, defines “health care facility”, but does not include them as providers and therefore does not hold carriers to the same level of accountability in the credentialing process that is established throughout §15-112 for practitioners.

The Maryland Insurance Administration (MIA) has received complaints from health care facilities and pharmacies that the credentialing process takes an extremely long time to complete and is overly burdensome due to the lack of an applicable statutory framework. The MIA has received complaints that pharmacies may be charged high fees to be credentialed. The MIA views this lack of statutory protections in credentialing for health care facilities and pharmacies as a barrier for them to join networks. Senate Bill 113 would redefine provider through a cross reference to the provider definition already established in §15-121(a)(6), which includes both health care facilities and pharmacies.

Additionally, the term “health care services” is used throughout § 15-112 but is not currently defined in §15-112. By defining health care services, this would remove any future ambiguity. Health care services is currently defined in §15-121(a)(5) as “a health or medical care procedure or service rendered by a provider that: (i) provides testing, diagnosis, or treatment of a human disease or dysfunction; or (ii) dispenses drugs, medical devices, medical appliances, or

medical good for the treatment of a human disease or dysfunction,” and that definition will simply be referenced in §15-112 through a cross reference.

The Maryland Insurance Administration supports Senate Bill 113 and urges the Committee to give Senate Bill 113 a favorable report.

MD-DCSocietyofAddictionMedicine_FAV_SB113

Uploaded by: Peterein, Jennifer

Position: FAV



SB 113. Health Insurance - Provider Panels - Definitions of Provider and Health Care Services:

Hearing: January 15, 2020, Senate Finance Committee.

SUPPORT

MDDCSAM is a chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

MDDCSAM supports SB 113 with a recommendation.

MDDCSAM supports this bill because it would require commercial carriers to credential health care organizations and providers within a unified time frame. Currently, the time required for credentialing some providers is unpredictable and may take an inordinate amount of time, multiple months in some cases. It is our impression that applications from behavioral health providers tend to be held up much longer than those of somatic providers.

Clearly this puts health care organizations in an untenable position when they need to hire providers, but cannot bill for the provider's services for an undetermined number of months, or even know if they will eventually become credentialed. The reforms that result from the new definitions in this bill are sorely needed.

We strongly recommend that, in addition, commercial carriers should not be permitted to require separate credentialing by individual providers when they are employed by a credentialed health care organization that bills for their services. This duplication in credentialing is not required by Maryland Medicaid. This additional credentialing is unnecessary and burdensome. It requires health care organizations to hire providers without being able to bill for their services, causing serious cash flow and other disruptions, ultimately impacting the population served.

LegalActionCenter_FAV_SB113

Uploaded by: Weber, Ellen

Position: FAV



Senate Bill 113
Health Insurance – Provider Panels and Health Care Services
Senate Finance Committee
January 15, 2020

SUPPORT

Thank you for the opportunity to submit testimony in **support of SB 113**, which would require health insurance carriers to apply the existing credentialing framework and timeline to health care facilities, including substance use and mental health disorder treatment programs, that currently applies to health practitioners and practitioner groups under Ins. § 15-112. The Legal Action Center is a law and policy organization whose mission is to fight discrimination against individuals with histories of substance use disorders, HIV/AIDs and criminal history records. In Maryland, the Center works with its partners in the Maryland Parity Coalition to ensure that private insurance carriers have a robust network of substance use disorder and mental health providers and conduct their credentialing process in compliance with federal and state parity laws.

The Legal Action Center supports SB 113 to ensure that health care facilities are governed by the same timeline and credentialing framework that exists for credentialing of individual practitioners and group practices. SB 113 is particularly important to establish a reasonable timeline for carrier credentialing of substance use disorder and mental health facilities. According to a 2017 market conduct survey conducted by the Maryland Insurance Administration, **“some carriers reported data that demonstrated that it took longer to credential a MH/SUD facility [than a medical facility] between 2015 and 2017.”** Letter from Al Redmer, Jr., Commissioner, Maryland Insurance Administration to Senator Delores G. Kelley (Sept. 18, 2019) at 6-7. Adopting the existing credentialing timeline and framework will lend greater certainty to the credentialing process for mental health and substance use disorder facilities and allow for better oversight and enforcement by the MIA.

While SB 113 will not address other significant barriers to the inclusion of mental health and substance use disorder facilities in carrier networks, it would establish a more structured credentialing framework. The potential inclusion of more facilities in provider networks will improve access to life-saving mental health and substance use disorder treatment for Marylanders.

Thank you for considering our views. **We urge a favorable report on SB 113.**

Ellen M. Weber, JD
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