



REACH HEALTH SERVICES

Health Insurance – Provider Panels – Coverage for Nonparticipating Providers – SB 484
Health and Government Operations Committee Hearing
February 26, 2020
SUPPORT

Thank you for the opportunity to submit testimony in support of SB 484 which would help individuals with substance use disorders and mental health conditions gain access to affordable treatment when they cannot get network services within a reasonable time and distance. This testimony is submitted on behalf of the Institutes for Behavior Resources, Inc. We are a full service behavioral health program offering substance use disorders treatment, including outpatient and intensive outpatient counseling, medication assisted treatment, health home case management services and mental health counseling. We accept most private insurances, Medicaid, Medicare and we offer a sliding fee scale to our uninsured and underinsured patients.

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.

In the late winter of 2018, IBR sought credentialing with Cigna because we have many patients with that coverage. IBR submitted all the required documentation. In the spring of 2018, we were notified by mail that Cigna rejected our credentialing application stating that they did not need additional substance use disorder providers in their network. We called and spoke to someone, explaining that we have patients who have Cigna who wish to remain in our treatment program, and we were told that it did not matter, they could be referred somewhere else.

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 exercised its discretion in a discriminatory way to exclude substance use disorder facilities from its network. IBR was one of those 5 programs that was excluded from Cigna’s network.

After we learned about the decision, we resubmitted our application to Cigna for credentialing, expecting that Cigna would now evaluate IBR’s application fairly like other medical facilities and admit us to their network. We were disappointed to learn in the spring of 2019 that Cigna again denied IBR’s credentialing application citing there was “no network need identified.”

Cigna’s refusal to credential substance use disorder programs has serious consequences for Marylanders who need opioid treatment services and cannot afford to pay more for a non-participating provider. We know from carrier network adequacy reporting that most carriers, including Cigna, cannot provide non-urgent substance use treatment within 10 days, as required by law. Yet, they unfairly deny credentialing to programs like IBR.

When carriers cannot satisfy Maryland's network adequacy standards for mandated substance use disorder services, consumers should not be forced to pay more for non-network services. They purchase health plans expecting to cover their treatment needs and should be protected when carriers do not meet their legal obligations.

We urge you to issue a favorable report on SB 484 so that Marylanders can get carrier approval to get non-network providers at no additional cost to them.

Thank you for considering our views. We urge you to issue a favorable report on SB 484.

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