



**House Health and Government Operations Committee
February 16, 2022**

**House Bill 549
Support**

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2021 - 2023**

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Good afternoon – my name is Michael Oliver, and I am here as a representative of MATOD, but also as a treatment provider who has been working with the ASO (Optum) and the Maryland Department of Health (MDH) since December 2019 to ensure the protection and service of the public behavioral health system. From the day of the initial transition to today, there have been litany of systemic issues with the ASO. We have engaged in good faith to identify and help rectify these issues as they arise - from claims processing, authorization issues, claim receipts, poor functionality in Incedo, poor communication, and many others.

There has been one consistent, however, and that is the lack of statutory protection for the providers from a failing ASO.

As the ASO begins to function more regularly, we are now faced with the reconciliation of the errors they made in the initial roll out. Providers are concerned about the accuracy, fairness, and ability of the ASO to conduct this process in a way that will not be to the detriment of the providers who serve their communities.

This concern is not unfounded. Providers have made continuous asks for transparency and data from the ASO to support their work. Over the past two years there have been countless roll outs of initiatives to help this aim that have been: later than the announced date, not fully inclusive of the information requested, miscommunicated, conflicting information to what providers already have, and damaging to the provider community.

Our concern is deepened by the ASO's inability to: identify problems themselves - relying on providers to identify them, not fixing issues that are systemic - rather simply for the providers who raised the issue, and continuously claiming issues are fixed that the provider can clearly prove are not.

The ASO has already initiated a retraction process starting with the failed implementation of retro eligibility. This is one of many examples in which a poorly functioning ASO implemented a process that was not ready, causing over payments, problems, and confusion to the provider community. This retraction is happening as we speak, while the ASO is fully aware of issues regarding these claims that providers have been raising for months. It is important to highlight just a few of the issues that the ASO is aware of but continuing anyway to pull back money: not all 835s (claims receipts) have been given to providers, claims inappropriately denied due to third party liability, and changing totals of amounts owed - which has yet to be communicated to the provider community at large.

Protections need to be afforded to the provider community to ensure that the ASO is: acting responsibly, communicating effectively their intentions, providing ALL the data providers need to reconcile in a usable format, and providing an avenue to address disagreements that is through a third party.

It is also doubly important to emphasize the need for forgiveness of money owed. Not only were providers forced through the COVID-19 pandemic to spend additional money to serve the mental health and substance use needs of our communities in a completely different modality (telehealth) - but we were also forced to do so with an ASO that was not working and unreliable.

The failed ASO roll out and now looming reconciliation were not caused by the provider community. We are being forced to clean up the mistakes of the ASO at our own expense. Even in the scenario where a provider successfully works with the ASO to agree upon a balance owed - providers are still suffering from this whole process. Not only will they have to pay back every penny that they may owe, but there is currently zero compensation for the tens or even hundreds of thousands of dollars providers spent on working to find the amount through hours diverted from normal operations, increased hours of current staff, and the hiring of new staff.

Protection for providers in this process is essential and we therefore ask for a favorable report on this bill. But for this to be made right, forgiveness of the burden providers have had to carry these last two years must also be carried out.