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The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Favorable – SB 460 – Consumer Health Access Program for Mental Health and Addiction Care

Dear Chair Kelley and Members of the Committee:

My name is Dr. Kimberly Brenninkmeyer and I am writing in support of Senate Bill 460, enacting a Consumer Health Access Program for mental health and substance use disorder services. I am a licensed psychologist practicing in Baltimore City where I specialize in treating the effects of complex trauma and dissociative disorders. As a psychologist in private practice, I have experienced countless barriers to serving clients with both public and private insurance which interferes with my ability to provide affordable mental health services to the very populations who most need access to these services.

Survivors of complex trauma are severely underserved by our existing healthcare delivery system. Too many survivors lack access to appropriately trained providers, a problem that is only exacerbated by the systemic barriers encountered by clinicians. In Maryland we are fortunate to have many providers who are trained in treating complex trauma and dissociative disorders, yet many, if not most, don't accept insurance because of experiences like the ones I've had. Thus, I am sharing my ongoing challenges navigating insurance benefits and reimbursement as a Medicaid provider because they significantly interfere with my ability to provide care to the patients, I have dedicated my career to helping.

The very reason I even enrolled as both a Medicare and Medicaid provider in the first place was so I could provide affordable mental health care to those with the least financial means. Yet, providers difficulties navigating insurance directly translates to patients being unable to access consistent and quality care from experienced and specialized providers, costing both insurance companies and the state significantly more money than is necessary. Too many patients end up in emergency rooms and inpatient psychiatric hospitals simply because they struggle to access outpatient care as result of the unnecessary administrative barriers imposed upon providers, such as myself who want to help people from all walks of life. However, we are limited to who we can help when we can't navigate these insurance obstacles ourselves. Additionally, the more time providers like myself spend navigating insurance barriers, the less time we have to actually help our patients.

Accordingly, the ongoing issues I have experienced as a Medicaid provider exemplify the issues providers such as myself experience when attempting to navigate insurance. This is especially true for those of us who are independent practitioners in small private practices, managing insurance and billing on our own. Put simply navigating insurance has become untenable for many of us. The time, effort, stress, and frustration quickly becomes insurmountable and is a significant barrier to providing care to the Marylanders who are most in need of our services. My recent experiences trying to navigate the Maryland Medicaid system illustrate why the proposed Consumer Health Access Program is an essential component

to addressing Marylanders' unmet mental health needs. By assisting clinicians like myself in navigating barriers that impede our abilities to provide mental health services, CHAP would enable me to spend my time doing what I'm most skilled at, providing mental health services to those who need them most.

Ongoing Provider Barriers to Accepting and Navigating Insurance:

I have been in private practice since 2006 and have been a Medicare provider for just as long. I was also a Medicaid provider for many years, but I let my enrollment lapse since I hadn't had any Medicaid patients for some time. Though, I decided to renew my Medicaid enrollment in 2021 so I could continue to provide affordable mental health services to a current patient whose insurance had recently changed to Medicare and Medicaid. However, the administrative barriers involved in the Medicaid enrollment and billing processes have impeded my ability to serve clients. Thus, I started to have regrets about my decision to enroll in Medicaid due to the system being fraught with problems and challenges, all while having no direct means to access assistance.

Beginning with the provider enrollment process, I experienced issues even accessing the ePREP application which required numerous phone calls. Once those problems were resolved and I could begin the application, I realized I had to provide even more documents than were required when I previously enrolled in Medicaid. That in and of itself involved several steps, requiring that I contact multiple different entities, and complete additional paperwork. Once my ePREP application was complete and finally approved, I expected I would begin receiving payments from Medicaid soon after submitting Medicare claims as the client's Medicaid account is already directly connected within the Medicare system. However, I never received any payments from Maryland Medicaid. So, I re-established my Medicaid account on the website provided (a website that is confusing, antiquated, and difficult to navigate), thinking I potentially needed to submit the client's Medicaid claims separately in order to receive payment from Medicaid, despite never needing to do so before when I'd submitted claims for other dual eligible beneficiaries (Medicare and Medicaid clients). It took several emails and phone calls to resolve that process and by the time I finally got instructions on how to submit claims, the process was so onerous and laborious, that I never actually submitted one. I considered hiring a biller and reached out to some. However, I never received any responses, likely because providing billing assistance for a single client wasn't worth their time, even though these issues consumed countless hours of mine.

Thus, I was surprised to receive a 1099 form in the mail from Medicaid, claiming they had reimbursed me over \$3000 in 2021, when I actually received no payment from Medicaid throughout the entirety of 2021 despite continuing to provide services to Medicaid beneficiaries. Completely befuddled by this, I attempted to contact Medicaid, leaving numerous voicemails for Medicaid using the main provider line, as that was the only phone number I have to contact Medicaid to resolve issues. Only one of the departments (electronic billing problems) offers an email for inquiries, but when I inquired about who to contact about receiving a 1099 despite never receiving any payment, Medicaid directed me to call the Comptroller's office. I left several messages for the Comptroller, but I haven't received a response. Another Medicaid representative called me back and left a message, directing me to call Optum because I am a Behavioral Health provider, while a different Medicaid representative left a message stating I needed to contact Provider Enrollment. I knew neither of these were the appropriate departments to resolve this issue, but I called anyway because Provider Enrollment is the only department associated with Medicaid where I could reach a live person. However, the Provider Enrollment representative couldn't help and directed me to call the very same number that I started with when I first contacted Medicaid about the 1099 payment issue.

Nonetheless, when I contacted Provider Enrollment regarding the mysterious 1099 that they were unable to assist with, the representative offered to check my ePREP account and discovered that my enrollment status was “temporarily suspended” because “my license expired as of 11/1/21.” That was news to me as my Maryland psychologist’s license is active, in good standing, and has never lapsed! I was also surprised by the date because the Maryland Psychologist’s license renewal period is always at the end of March. There was no email notifying me of the need to update my license document in ePREP nor any warning that my enrollment would be placed on hold. In fact, since I’ve not even received reimbursement for my services since re-enrolling there is no way I would have been aware of this issue if the Provider Enrollment representative didn’t offer to check my account in lieu of not being able to assist with the 1099 issue! As a result of this additional issue, I had to submit a supplemental application with an updated picture of my license and I am now ineligible to even receive reimbursement from November 1, 2021, until whenever Medicaid approves my renewal. Consequently, I won’t receive any reimbursement from Medicaid for at least the last 4 months of work (over 70 sessions), even if the initial payment issue gets resolved and I end up receiving any reimbursement from Medicaid at all. While I acknowledge it’s my responsibility to stay on top of keeping my records updated, there was no information indicating I was required to update documents within the Medicaid application system when they haven’t otherwise expired! Thus, I had no reason to believe any further action was necessary to maintain my status as a Medicaid provider as long as my license remained active and my contact information up to date.

I ended up reaching out to the state psychological association for assistance with the Medicaid reimbursement problem. A colleague responded indicating that he had experienced a similar issue, and it seemed that I was encountering the same problem that took him 9 months and countless phone calls to finally resolve! My colleague stated that he ultimately learned that when applying to become a Medicaid provider through ePREP, clinicians in private practice must apply twice: filling out one application as a clinician and another as a business. Yet, this information is not communicated Medicaid providers. Thus, there is no way for clinicians who are applying to become a Maryland Medicaid provider to have any reason to believe that a second application is necessary. Thus, I now have to go through the entire enrollment process yet again and hope it’s correct this time just to see if this resolves the missing reimbursements that Maryland Medicaid incorrectly stated I received on the 1099 form they sent to me.

Imagine how much time both my colleague and I both could have saved if a program like the Consumer Health Access Program were already in existence: time that we could have otherwise spent helping Marylanders in need of mental health services. Moreover, if this is my experience trying to navigate my clients’ insurance and billing, then I can’t imagine how overwhelming it is for someone in crisis to navigate. Enacting the Consumer Health Access Program proposed in Senate Bill 460 would be an invaluable resource for providers like myself who aren’t trained in navigating insurance barriers. It would help address some of the systemic barriers that interfere with our ability to provide access to appropriate and affordable mental health care services to many clients.

I ask you to issue a favorable report on Senate Bill 460 enacting the Consumer Health Access Program, so both consumers and clinicians have the resources necessary to navigate these systemic barriers to both providing and accessing affordable mental health care. Please feel free to reach out to me should you have any questions.

Sincerely,

Dr. Kimberly A. Brenninkmeyer, Ph.D.
Licensed Psychologist