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WRITTEN TESTIMONY IN SUPPORT OF HB1351
SUBMITTED TO THE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
BY BETH ANNE DORMAN, CEO, FOR ALL SEASONS

Chairperson and Members of the Health and Government Operations Committee,

I appreciate the opportunity to provide testimony in strong support of HB1351, which seeks to expedite the credentialing process for behavioral health providers by private insurers. This bill addresses a critical barrier to mental health care access and ensures that Marylanders receive timely treatment when they need it most.

The Problem: Unacceptable Delays in Credentialing

Currently, private insurers can take as long as 180 days – half a year – to credential behavioral health providers. In contrast, the state’s Medicaid program completes credentialing much faster – just 30 days. These delays create a ripple effect that harms both service providers and those in need of care.

Impact on Individuals Seeking Mental Health Services

Consider the story of Mark, a father of two. He had a stable job and private insurance. When his child began struggling with anxiety and depression, Mark sought care from a local behavioral health provider. He was told that no clinicians accepted his insurance because they were still waiting for credentialing approval. Mark was placed on a waitlist, while other families – notably those uninsured or covered by Medicaid – were seen more quickly because their providers were already credentialed. His family was left waiting, not due to a lack of available clinicians but due to an administrative bottleneck on behalf of the private insurer.

The consequence of these delays is reduced access to critical mental health services. At a time when demand for mental health care is at an all-time high, we cannot afford to let paperwork stand between families and the help they need.

Impact on Service Providers

The effects of delayed credentialing are also damaging for service providers, particularly community-based mental health organizations like For All Seasons. Between the salary for the clinician and the loss of reimbursement for services, the financial burden is immense.

When we hire new clinicians, we do so to increase access to care. Yet, until they are credentialed, we cannot bill for their services. Despite this, we must still pay their salaries.

For a newly hired social worker or professional counselor, a 120-day wait means paying more than **\$24,000** in salary with no reimbursement, on average. That’s \$280 per day.

In that same time frame, the average clinician will have provided roughly 750 services, which would have generated over \$78,000 in carrier reimbursements – but these services are unreimbursable during the credentialing period and providers are not able to backbill for services once the credentialing process is complete.

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We are left with a troubling choice:

Do we delay care, leaving individuals in crisis waiting for an insurance process to be completed?

Or, do we allow providers to see clients anyway, knowing we will never be reimbursed for those services?

Neither option is sustainable. One compromises access to care, and the other puts behavioral health organizations at financial risk.

HB1351: A Common-Sense Solution

Private insurers often publish estimated timelines for credentialing new providers. For example, Evernorth (formerly Cigna) states that "the entire process to join the Evernorth Behavioral Health network can take up to 90 days to complete (or as otherwise required by law)."

This phrase, "or as otherwise required by law," underscores the necessity for legal standards to hold insurers accountable to reasonable timelines. Anecdotal evidence suggests that published timeframes are frequently exceeded, with actual credentialing periods extending to 120 or even 180 days.

Private insurers may argue that reducing credentialing timelines is impossible due to the need for thorough background checks, professional licensure verification, and other vetting processes to ensure patient safety. However, this argument overlooks the fact that these steps have already been completed before a provider even applies for credentialing.

Before a clinician can begin the credentialing process with a private insurer, they must:

- **Obtain an NPI (National Provider Identifier) number** – This requires verification of professional licensure, education, and identity.
- **Register with CAQH (Council for Affordable Quality Healthcare)** – This comprehensive database requires providers to submit proof of their credentials, background checks, and practice history. Insurers access this portal as part of their own credentialing process.

Private insurers are duplicating background checks and verification steps that have already been completed, **delaying access to care without adding any new safeguards for patients.** Medicaid and other insurers credential providers in a fraction of the time without compromising safety.

HB1351 does not reduce or bypass necessary safety measures. It simply removes unnecessary administrative delays. By aligning private insurer credentialing with Medicaid's 30-day standard, we can eliminate redundant bureaucracy while maintaining the same level of patient protection. This change will ensure:

- Faster access to mental health services for Marylanders
- Financial stability for mental health providers
- Greater parity between private and public insurance systems

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Currently, even the best-case scenarios for private insurer credentialing take 90 to 120 days – and real-world experiences stretch to 180 days. This bill addresses the disconnect between the urgency of mental health needs and the sluggish administrative processes preventing timely care.

HB1351 is a necessary step toward improving access to mental health care in Maryland. It does not impose an undue burden on insurers – it simply holds them to the same standards that already exist for Medicaid. By enacting this legislation, we ensure that Marylanders get the care they need when they need it, while also supporting the behavioral health workforce tasked with providing that care. I urge the committee to support HB1351 and prioritize timely mental health access for all Marylanders.

Thank you for your time and consideration.

Respectfully submitted,

Beth Anne Dorman
President & CEO
For All Seasons, Inc.