

Senate Health & Human Services

04/04/2022 01:30 PM

SB22-156 Medicaid Prior Authorization & Recovery Of Payment

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Steffanie Stecker For Self	<p>First, I would like to thank the committee and the sponsors for their work and time. I am a licensed psychologist and group practice owner of Mountain Vista Psychology, PLLC.</p> <p>I support SB22-156 with the first amendment.</p> <p>There is a great shortage of Medicaid providers and in the therapy community there is a significant amount of fear around recoupment and the financial destruction it could cause to each of us personally. I have known more than one provider who stopped serving the Medicaid population because money was recouped, they lost trust that they would be paid what they earned, and they no longer felt safe to pay their bills. Recoupment is my greatest concern as a Medicaid provider and I have consistently battled and spent time dealing with recoupment of money that was earned, this includes but is not limited to the large recoupment that recently occurred across providers. The time and energy this takes drains me as a provider. Thank you for your time today.</p>
Riese Rose For Self	<p>Thank you to the committee and the sponsors of this bill.</p> <p>I work as a mental health counselor and have been seeing Medicaid clients through Boulder Emotional Wellness. I will soon be fully licensed and able to contract with Medicaid on my own. However, as I've been learning about the recoupments, I am unfortunately much less inclined to continue accepting Medicaid because I fear this could happen to me. I support SB22-156 with the first amendment.</p>
Alyssa Wermers For Self	<p>I am a Licensed Clinical Social Worker in private practice, and I provide mental health therapy for Medicaid members, mostly children. I support SB22-156 with the first amendment.</p> <p>Prior authorizations requirements create an unnecessary burden on providers, especially when each RAE has different requirements that must be tracked, and it's nearly impossible to do if a member has seen multiple providers throughout the year. I had to spend nearly 45 minutes (unpaid) per request, only to have 100% of them approved - which demonstrates how unnecessary this process is. The cost of weekly outpatient therapy (if that is what a client requires to prevent decompensation and treat active symptoms) is a fraction of the cost of even one in-patient psychiatric hospital stay, and RAE's should be encouraging this level of care, not creating barriers for it.</p> <p>Furthermore, the reasons for "recovery of payment" are stacked against providers and create fear in the community, which limits the number of</p>

	<p>providers. Providers should not shoulder the burden of Medicaid deciding a person lost coverage retroactively, or when insurance decides they made a mistake in claim processing. Those financial mistakes should stay the responsibility of insurance, not providers who performed medically necessary services for members, when members were covered (as providers check eligibility in a portal), and insurance paid the claim.</p> <p>I thank the committee for hearing this, and the sponsors for their support.</p>
<p>Danielle Patterson For Self</p>	<p>My name is Danielle Patterson and I own The Patterson Center for Resiliency, a small mental health practice in Colorado Springs. We serve children and adults, specializing in trauma. We are one of the only sites in the state that has an intensive treatment program that serves Medicaid children and adults.</p> <p>I support SB22-156. In the last two years, we have faced many challenges that this bill would help ease. Early in the pandemic, Colorado Access chose to waive CHP+ copays but then repealed this. We lost hundreds of dollars in recouped copays.</p> <p>Additionally, we faced a huge administrative burden with the CCHA prior authorization scheme. We lost thousands of dollars in administrative time. We were unable to take as many clients due to the amount of unpaid time for paperwork that was required. Almost all of our prior authorizations were approved, but often just for one month at a time. This reduced our ability to make progress with clients, as every 4th session or so we were needing to review paperwork with them. This also caused frustration for clients, leading to the mentally ill to leave life-saving care. I struggled to pay my staff in light of these factors. For 3 months, I was unable to pay myself anything. We recently lost a licensed clinician because she did not want to continue working with all of these problems for such low pay.</p> <p>Daily, I consider leaving Medicaid because of the administrative burden. My peers laugh at me for taking Medicaid because it is a poor business decision. It is your ethical burden that decisions made and bills passed should be to benefit the independent provider network and our clients, not for the benefit of big insurance companies.</p>
<p>Stephanie Small For Stephanie Small Inc. d/b/a Las Lobas del Corazón</p>	<p>Thank you to the committee and to the sponsors of this bill.</p> <p>The most recent round of recoupment attempts by Medicaid last winter was terrifying and highly financially stressful for the clinicians who serve our state's most vulnerable populations.</p> <p>The recoupment attempt was based on a software error, not an error - or fraud - on the part of the clinicians filing the claims. Medicaid knew this, yet they proceeded with attempting to require clinicians to return up to</p>

	<p>tens of thousands of dollars from services the clinicians had already rendered. Not that this should matter, but those of us who take Medicaid are not exactly receiving robust compensation from them, which means that a loss of tens of thousands of dollars potentially means defaulting on a mortgage, not being able to make payroll...this is potentially a stressor that could end someone's business. Only when media coverage exposed this troubling dynamic did Medicaid backpedal and find a way to ask for corrections in the claims rather than demand return of payments.</p> <p>This is just one of the many highly problematic behaviors Medicaid engages in. Because of this, when other clinicians ask me whether they should consider becoming in network with Medicaid, I dissuade them. I am also aware of at least two clinicians who decided to terminate their contracts with CCHA (Medicaid) as a result of the latest recoupment attempt.</p> <p>If we render services in good faith, with appropriate required documentation and timely claims filing, we should not be subject to clawbacks. Period.</p>
<p>Reaca Pearl For Self</p>	<p>Thanks to the committee for letting us submit written testimony so we don't have to cancel on our clients. Thanks to the sponsors for caring about mental health access in CO. I am a private practice therapist specializing in complex PTSD. I live in Amabile's district. I support SB22-156 with the first amendment. In the approximately 3 years I've been on the Medicaid panels I've had to fight two major recoupments and many small ones. The first major one was for an entire year of weekly therapy sessions, 6 months after the last date of service in question was paid out and the second was a payor's software error in 2021. These recoupments were both for several thousand dollars, were not for fraud on my part but rather payor's software error (2) and gender discrimination (1), and if successful would have forced my solo practice to close. It took hiring a private biller, and more than 40+ unpaid hours cumulatively for me to fight what I, and the payor, knew were meritless recoupments. My colleagues will not join the Medicaid panels because of their reputation for baseless, massive recoupments. If I had not figured out a way to fight these meritless recoupments I would have been forced to close my practice at worst (a solo practice can't afford to give away \$5k-\$15k in services, be paid at the time, and then give that money back in the form of not being paid for current services), and forced out of the Medicaid panels at best.</p> <p>This problem will continue to keep providers out of the panel and therefore keep clients from accessing competent behavioral health care. Thank you for time.</p>
<p>Natalie Clayton For Self</p>	<p>As a mental health provider, I have experienced the challenges and ineffectiveness of preauthorization requirements in a variety of ways. The process of requesting preauthorization has been ever-changing and</p>

	<p>assessing a client’s usage is very difficult. Rocky Mountain Health Plans changed their requirements twice, Beacon changed theirs as well and had two different requirements for the two regions they manage. Mental health providers were forced to interpret if their peers were also claiming sessions since the number of sessions used at a time was based on total usage of sessions not on individual provider’s usage. Not only does this pose challenges for accurate billing, it also takes time of providers who should be prioritizing client care.</p> <p>Not only does the provider suffer from this inefficient system, the client does as well. Pre-authorization is labor and time intensive, and client’s that need care sometimes cancelled or rescheduled their appointments as they were anxious that their session would not be covered. The process of completing pre-authorization paperwork was time consuming, waiting for approval was distressing to clients and ultimately, they were all approved.</p> <p>One of the most impactful ways that these requirements have affected my work is through client’s rationing their own care. These clients dealt with increased worry associated with pauses in care and rationing of sessions. Another impact that the preauthorization has on my clients is uncertainty. Due to the changing requirements and lack of quick communication after a preauthorization request had been submitted many clients are left with anxiety. This negatively impacted clients that are already sensitive to uncertainty and worry.</p>
<p>Blair Skinner For Early Childhood Wellness Place</p>	<p>Thank you, Senate Committee members and sponsors Senator Kolker and Senator Fenberg</p> <p>My name is Blair Skinner, LMFT. I am the Owner and Director of Early Childhood Wellness Place in Broomfield where we work with children 0-12 with both private insurance and Medicaid. Currently we serve close to 150 children.</p> <p>I support SB22-156 with the first amendment. This bill is an important step towards eliminating ineffective processes that create significant uncertainty for both providers who serve families with Medicaid, and those families we serve. As clinicians we are often unsure if we will be able to continue to work with Medicaid given our current standing.</p> <p>As a Licensed Marriage and Family Therapist, I am held to a Code of Ethics in which “commitment to service, advocacy, and public participation are responsibilities equal to that of clinical excellence.” I am personally and professionally committed to working with children and families on Medicaid. However, this is not something I am certain I will be able to continue doing.</p> <p>Currently following a long and arduous application process, we are informed of the terms of the contract we are finally able to sign, but we have zero guarantee of those terms. As small providers we have no ability to appeal or request any change in those terms, yet the RAEs are large entities with the backing of the powers that be, so they are free to change any terms at any time without any warning. This can result in decreased pay, unreasonable clawbacks, and increase in administrative and clinical workload for providers.</p>

	<p>Early Childhood Wellness Place has been lucky not to suffer the level of clawbacks that you have heard about from many of my colleagues, but their struggles loom large and create significant uncertainty for independent providers state-wide.</p> <p>Thank you for your time today. Independent providers and their clients are counting on you.</p>
<p>Ari Hoffman For Self</p>	<p>First, a gracious thank you to the committee and to the sponsors of this important legislation.</p> <p>I am the director of Integrated Care Institute, a small business providing mental health services to patients around Colorado including a significant number of patients covered by Medicaid.</p> <p>The recoupment practices by the Medicaid RAE's significantly inhibit and destabilize our mental health businesses. The vast majority of mental health providers in the independent network operate on the basis of being paid for the services provided. The money we receive for those services go to pay for salaries, overhead, trainings to improve services, and other necessary expenditures. Unlike the the larger agencies we don't maintain surpluses of millions of dollars. That means that if suddenly a provider gets a recoupment request of thousands of dollars that money is generally taken either out of personal funds or out of already budgeted monies for other operations. We should not be held responsible for decisions made by the RAE's. If they paid us then they should own that and if they screwed up then that is the cost of their business. Passing the consequences of their mistake on to providers and patients is unconscionable.</p> <p>I therefore support SB22-156 with the first amendment.</p> <p>Thank you for your consideration.</p>
<p>Dianelyris Melendez For Self</p>	<p>Good afternoon,</p> <p>I support SB22-156 with the first amendment. I have not been taken new Medicaid clients since the recoupment letter. I lived in fear of my financial stability and reputation due to the way we are treated by the RAEs and HCPF. I am a bilingual therapist and I understand the need for me to keep offering services to Spanish speakers. I would love to continue doing that but in order for me to help, I need to be treated with dignity. Please support us so we can support mental health in Colorado.</p> <p>Appreciative,</p> <p>Diane Melendez, MA, LPC</p>