



**TO: Members of the House Committee of Behavioral Health and Health Care**

**FROM: The Coalition of Professional Associations of Counselors and Therapists (COPACT)**

**DATE: March 14, 2023**

Chair Nosse and Members of the House Committee of Behavioral Health and Health Care:

COPACT advocates for the 6,300 Licensed Professional Counselors (LPCs), Marriage Family Therapists (LMFTs), and Registered Interns who provide clinical mental health diagnosis and treatment to over 100,000 Oregonians each week through their work in agencies, universities, corrections, health clinics, rehabilitation, and private psychotherapy practices.

Thank you for this opportunity to express COPACT's **support for HB 2455 with amendments, imposing requirements and restrictions on insurer and coordinated care organization audits of claims for reimbursement submitted by behavioral health treatment providers.**

**Insurance and CCO repayments hurt access to mental health care for all Oregonians.** COPACT regularly hears from providers who are facing large paybacks, or “recoupment” of previously paid insurance claims. Practitioners report the increasing frequency and the large amounts of money—sometimes in the tens of thousands of dollars—demanded from an insurance audit. Additionally, clinicians in private practice and in small group practices appear to be disproportionately targeted. Mental health providers do not have the profit margins to be able to pay back large amounts and are either choosing to stop working with insurance companies or closing their practices. At a time when Oregon is seeking to increase access to mental health care, these audits are having negative effects on access to care.

**Audits are not uncovering insurance fraud. The vast majority of “recoupments” are requested after an audit identifies clerical errors.** Providers are expected to pay back money from claims going as far back as 30 months on services **they provided** but were found to have a coding or recording error. In some instances, these are errors made by the insurance company, but providers are held responsible. Because of this, COPACT strongly supports the transparency requirements for each insurer or CCO to provide clear directions for submitting mental health claims, defining exactly what must be included in their documentation and how it may differ for in- and out-of-network providers. We also see the absolute necessity for imposing limits on audit times

lookbacks—12 months for commercial insurers—and for placing a 180-day limit on the length of time by which an audit must be completed, ensuring that providers aren't stuck in a long, drawn-out process that could result in a large financial hit due to a clerical error committee over many years. By requiring insurance companies to comply with these changes, we believe a significant financial burden facing providers will be reduced and as well as the overall need for frequent audits.

**HB 2455 will encourage more providers to stay on insurance panels and to remain in practice in Oregon. HB 2455 helps keep mental health care accessible to all Oregonians and COPACT strongly urges your support.**