

Submitter: Rebecca Benson
On Behalf Of:
Committee: Joint Committee On Ways and Means
Measure, Appointment or Topic: HB5006

I am writing in support of HB 2029 "Claw Back" Restrictions On Behavioral Health Payments.

Standardized clinical criteria for behavioral health care is required for care provision and for reimbursement of that care. Insurance companies must provide up to date preferred provider lists for patients selecting a provider. Providers must be given clear billing criteria and adequate computer programs for submitting HIPAA compliant, technically accurate claims. The retrospective "bounty hunter" audit method of claim denials must be stopped. A time limit must be provided for retrospective audit and claim adjudication. Audit and claim denials should be self reported by the insurance company for tracking by state agencies in order to protect patients and providers.

Inappropriate and/ or untimely denials of care exist across the behavioral health care spectrum. For example: In 2019 a New Mexico Behavioral Health Company was accused of 12 million dollars of overpayment and thus an indication for repayment. . After litigation, it was determined the company only owed back \$896.00!! Yes, from 12 million to less than 1,000 dollars.

Indiscriminate use of the audit process , unclear billing rules, and unclear clinical criteria must be addressed by the insurance company and not land solely on the provider.