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On Behalf Of:  
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It is imperative we impose limits and restrictions on insurers and CCOs related to audits and clawbacks for behavioral health treatment agencies and providers for them to remain serving their members and meeting the ongoing needs of our communities. As an agency owner, I personally know of at least two practices in my city that have closed due to not being able to sustain the financial cost of clawbacks, leaving hundreds (if not more) of clients without continuity of care and providers, in an already fragile system. The fear of audits literally keeps me up at night and I'm a diligent employer as well as an adjunct professor, striving to continually expand my knowledge and awareness of the demands and requirements. Audits and clawbacks of a multiple year time period puts an undue burden on practices that are required to gather an overwhelming amount of data, instead of what is from the most recent year and reflective of the most recently applied updates and knowledge. Audits are extremely punitive and by enforcing significant financial clawbacks on providers for services that were provided and generally effective for members, but may have not met a documentation standard, you risk shuttering businesses and further damaging the mental health of members and communities, over something that could simply have been remedied with a collaborative and non-punitive approach.

We know preventative care and early intervention are critical for both early detection of Severe and Persistent Mental Illness (SPMI) conditions that are often the costliest to insurers and taxpayers and restrictions on services and codes for session length negatively impacts the ability to support these individuals. Support practices in doing their job - providing services for members and communities - not doing busy work and jumping through hoops all in the name of minimizing risks of audits and clawbacks.