

Submitter:

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On Behalf Of:

Committee:

House Committee On Behavioral Health

Measure, Appointment or Topic:

HB4028

I truly appreciate the effort associated with this bill but I already see a potential problem. In my experience, insurance carriers already bypass formal auditing practices by simply adjusting past claims. Because they often don't publish the reimbursement rates or the rationale behind such rates, providers have no recourse when "mistakes" are identified on past claims. The appeals process then becomes obsolete because providers cannot contest the adjusted amounts or the associated over-payments. As everyone knows, each insurance plan is different so there is no guarantee of payment and no recourse if the published/reported information is inaccurate. Also, providers are not typically informed of changes in advance and retroactive changes are enforced, despite having already rendered the services. While it's important to address the auditing process, there are many workarounds when it comes to insurance companies saving money. Having said that, some insurance companies are more ethical than others.