

Submitter: Barbara Massey LMFT
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB4028

Dear Chair Patterson, Vice-President Hayden, and Members of the Senate Committee on Health Care,

My name is Barbara Massey. I have been a Licensed Marriage and Family Therapist of over thirty years mostly in Oregon. Please support and prioritize HB 4026. I support the limitations to audits for many reasons:

Insurance companies have increased use of audits substantially during my career. This increases stress for the therapist in an otherwise stressful occupation.

I do not join or de-panel when insurance companies have the reputation for audits e.g. Optim unfortunately this leaves potential clients with less providers for help.

Audits factor into therapists leaving any insurance panel whether the insurance audits or not.

Limiting coding payments for extra time spent on cases especially for couple sessions which need 90 minutes. This is a loss of income for therapists. No benefit to clients when they need such services and are refused. This reduces the payment for couples even due to medical necessity issues and less providers can afford to work with these cases.

Less services for more difficult clients as the risk of an audit is greater.

Less services for longer term clients as more likely to be audited.

Potential couple clients are greatly needed-I am swamped but increased use of audits in addition to low pay reduces therapy for couples.

Potential for Intimate Partner Violence increases, an often unrecognized issue, this is bilateral violence not domestic violence which can go unchecked.

Negative impact on the family esp. children in any of these situations is not cost effective for other programs when therapists leave panels.

Certainly there must be some measure for quality therapy. Yet I don't know much about what insurance needs even at this time of my career other than the basics of name etc. and length of a session. (Blue Cross Blue Shield requires retention of records beyond the seven years required by the Board for unstated/regulated reasons.) Other information such as a treatment plan are regulated by our Board. I don't know when or if insurance companies need different information.

If audited and a clawback occurs beyond the reasonable time frames mentioned I would likely drop out probably all panels asap. I do not want greater risk especially at this time in my career. With retirement close at hand a recoupment past twelve months is prohibitive with commercial insurance plans. I am part of the Jackson Care Connect providers, even thirty six months is difficult due to my retirement.

All of the above are reasons needed for insurance to report their medical management practices to state legislatures to hold them accountable. I want to provide services. I have been on insurance panels throughout my career even at the cost of a lower income. As I write this I wonder if I should continue being a provider on insurance panels.

Thank you for reading my experience and viewpoint. I hope it is timely for the hearing. I know substantial changes have been made in the past such as parity.

Sincerely,
Barbara Massey LMFT
Medford