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

My name is Heather Marie Weaver, I am a Licensed Professional Counselor and Licensed Marriage and Family Therapist in Columbia County, Oregon. I am the owner and sole provider at my private practice, Best Nest Counseling. I have been a therapist in Oregon since 2017, prior to that I was a therapist in Idaho for about 3 years. I initially spent my time in Non-Profits but recently opened my private practice in 2021.

I am writing to ask you with great importance, to pass HB 2455. Insurance audit practices have directly affected my decision making within my business. I have recently moved to terminate the following insurances, and am pending termination with: Regence BCBS, Canopy (EAP), Moda, and one other which I will not name. I have previously terminated with United Healthcare, and Cigna, and declined network participation with Tricare, although I am deeply passionate about serving veterans. Recently, I have been in contract negotiations with one of my paneled insurances. In trying to advocate for myself and business sustainability, I asked to negotiate terms within auditing practices. I was told "I don't know" what the auditing practices are, by the representative I was speaking to, and that she could try to find out, but she was unable to find that information. With another company I had been trying to negotiate with, they no longer even have a provider relations department, so you cant even speak to someone regarding vague language and ambiguity within your contract. Auditing information with all insurance companies I have found is either very vague (in the contract in notes that we must comply with auditing practices but does not detail what those practices are, and nobody within the company seems to be able to answer this), or non existent. This is absolutely unacceptable- to have the power to impose a rule on us while not providing the details of what the consequences of what that rule could mean. I will be transparent in that auditing practices is not the only reason for terminating contracts, but it is among my top 5 reasons for terminating.

In my employment spent in non-profits, I spent time involved with auditing files and training purposes. I speak with absolute certainty that every clinician (even detail oriented high achievers) will make errors in documentation and billing, whether we are talking about simple clerical errors or sometimes bigger errors-not due to stupidity or maleficence, but due to being human. It is because of my experience with this that I know I will inevitably not be perfect, and during an audit, be required to pay back an immeasurable amount of money. Not to mention that the information on what each company requires for documentation is different, and buried, or impossible to find. Within this profession, I am able to make a living, but simply do not have the overhead to reimburse insurances, and I would go out of business. This is a risk I cannot take for the sake of supporting my family, as this is the only profession I have, and the only profession I want.

HB 2455 builds in safety for providers. B 2455, will assist in leveling the playing field so massive insurance companies don't have all the power-so insurance companies don't have the power to make or break a providers' ability to support their families. This will benefit thousands, as it will increase provider participation, and increase provider availability, which will support the mental health of our Oregonians.

**Thank you for your time,
Heather Weaver LPC, LMFT
Owner, Provider
Best Nest Counseling LLC**