

Submitter: Emelie Blank  
On Behalf Of: Sprout Therapy PDX  
Committee: House Committee On Behavioral Health and Health Care  
Measure: HB2455

My name is Emelie Blank, MA, LPC, and I am the owner of Sprout Therapy PDX, a group mental health practice that employs 25 clinicians here in the Portland metro area and serves thousands of clients statewide. I fully support this bill, as it would increase Oregonians access to mental health care by helping our providers ability accept insurance without fear.

Insurance is crucial to mental health care access, as most Oregonians cannot afford cash pay services. Our business accepts both private and public health insurance, and I experience anxiety about the financial liability I hold when faced with the unclear expectations set by insurance companies and the aggressive, hostile audits occurring in our community to my colleagues. When mental health providers sign contracts with insurance, we are given vague guidelines for how to submit claims, what services are covered, and how to remain compliant in regards to our business practices, procedures, documentation, and sometimes, even our daily operations. When an audit occurs, our operations and documentation are reviewed for compliance to insurance companies rules, many of which are unknown to us. We do our best to be prepared, and ask for clarification around issues that have come up in peer's audits, with varying and inconsistent feedback from the plans we contract with. We ask our representatives clarification around ambiguous expectations and rules, and are given different answers by different folks at different times.

Decision making in audits seem up to the discretion of the specific auditor, and there are no clear outlined consequences for not meeting unspoken expectations. The result of an audit could mean practices like ours are fined significantly or asked for recoupment (repayment) on work our employees have completed and been paid for. Our company is fearful of this possibility, and in response to this anxiety, put more than 10% of our yearly revenue aside to protect us financially if we were to face an audit- but sometimes I worry that this wouldn't even be enough. We have spent thousands of dollars on consultants and attorneys to help us better interpret communication from insurance to make sure we are doing our best to comply. I wish that the money we set aside in fear could go towards our employees, as they deserve to be paid generously for the hard work they do. As the director of our practice, I spend many hours of my work week reviewing correspondences, reaching out to provider representatives, and consulting with peers and other professionals in order to best protect our business, our employees, and our clients. We have gone so far as to request an audit, so that we know what we're doing wrong, and can fix it! We are not at all unwilling to follow the rules set by insurance plans - but we need to know what they are.

As a small business owner, a single audit from a billion dollar insurance company could put our clinic out of business, even if we are doing all we can to decrease our risk. Business owners like myself, as well as those in private practice face extreme liability and financial insecurity around this possibility. All group practice owners I know and network with share information, tips, and guidance they have received in order to help one another and make sure we are all doing our best - we all do so much and work so hard to be compliant, without ever being given clear directions. We want to follow the lead set by our contracts and the plans we work with, but we are not given enough information to do this. Transparency should never be a bad thing.

Thank you for your consideration.