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Attn: Oregon State Legislature Public Hearing  
Re: HB 2455

Hello, my name is Arin Wallington and I am a Licensed Professional Counselor and Nationally Certified Counselor, as well as a trauma specialist here in Portland, Oregon. I own the group practice, Willamette Wellness Center, which is a mental health group practice consisting of ten full time mental health clinicians. Before owning this clinic I was in private practice for many years, and I have over 12 years of working directly with insurance companies in experience. My company currently services clients in the states of Oregon and Washington. Today I am writing to ask you to pass HB2455.

Please help us to end the abusive practice of insurance companies using audits as an income stream and a way to control and intimidate therapists and business owners. Counselors deserve to know what is expected in audits so they can know how to document to pass them. As a professional, I strive for accuracy, transparency, and clarity in record keeping. Insurance companies should be held to a similar standard, and limits should be placed on audits so that providers do not have to live in fear by simply taking insurance. Passing this bill will increase access to care in our state.

Currently as I am sure you are aware, Oregon is ranked one of the worst states in the USA for mental health services and accommodations. This is a blemish on our state that can, and needs to be, rectified. There are several main issues preventing Oregonians from being able to gain access to mental health therapists and care. I will write my main points in bold below as to what I believe is preventing Oregon from succeeding in being successful in its mental health offerings, surrounded by supporting documentation, and how passing bill HB 2455 can help us to rectify these situations:

### Testimony

1. **Insurance companies are using audits as a way to prohibit paying therapists in a timely or accurate fashion, and controlling what services are offered to patients, in an attempt to pay less for more “expensive” CPT codes:**

My company, Willamette Wellness Center, used to be in network with Optum Financial for many years. In the year 2022, Optum started to demand that we fax

them the entire client file for “review.” We had hundreds of clients at the time who had Optum insurance and we had to send every client file who used Optum, which took our admin team hours of unpaid admin work. It was not stated to us why this review was happening, and our clients did not get a choice in whether or not their files were being sent or reviewed or by whom. **Insurance companies should not be able to read client progress notes and other intimate details of client sessions without client approval, in order for mental health claims to be paid. This is a breach of confidentiality and privacy.** In addition, Optum concluded after several months of reviews, that they were denying the payment of many previously paid Optum claims as they had determined that the CPT code: 90837 should not have been used for services for many of our patients- This meant that Optum had determined that our clients should not have been seen for 53-minute sessions as it was deemed “clinically unnecessary.” We tried our only means to argue by sending in rebuttals proving client necessity, which of course were denied.

I should add here that our clinic is very well known in our community for specializing in the treatment of PTSD/C-PTSD, addictions, eating disorders and many other very severe diagnoses and symptoms. Our therapists are specially trained in advanced trauma modalities to be able to service these medically fragile clients. Most if not all of our patients require *at least* 53-minute sessions (90837’s) as a medical necessity. Optum did not explain to us why they were denying these claims, the denial simply read that they did not think the CPT code 90837 was necessary. We were also not informed as to how this decision was made, or by whom. Was there a medical doctor reading over our files to make this determination? A licensed psychotherapist? We have no idea who made the determination. **Insurance companies should not be allowed to make determinations on how client care is conducted, this should be up to the individuals trained in this area- the clinicians themselves.**

In addition, our contract with Optum stated that CPT code 90837 would be paid a certain amount. **It did not state that the CPT code 90837 needed a preauthorization to be paid.** I believe this audit actually went directly against the contract we signed with them. Unfortunately for clinics or individual therapists such as myself and WWC, currently there is nowhere for clinics or clinicians to go with complaints such as these regarding abuses of power, or even inaccurate findings such as this. The insurance commissioner of Oregon has specifically stated they are there to service the client not the clinic/clinician. **Oregon needs a group or company dedicated to overseeing insurance companies’ use and abuse of power in their audits to make sure that there are no abuses of power or ethically abusive situations happening for patients and clinicians in Oregon. Currently there is no one to manage insurance, they have a free reign over claims and payments to clinicians and how they will pay, or even if they will pay claims. I have had friends, peers and colleagues who I have personally known who have had audits in the tens of thousands of dollars, and some have had more- leading to the closing of their mental health practices and groups. This is asinine practice for a state already ranked worst for mental health care in America. Clinicians should not be afraid of audits that will put them out of business simply to provide**

**patients with insurance mental health services that they are paying for with said insurance.**

Ultimately Optum denied many WWC claims for using the 90837 code, and as such, asked for “paybacks” of previously paid claims known in our industry as clawbacks. Due to this finding, WWC was forced into a financial hardship. We had already paid our clinicians the money from the paid claims and were now looking at thousands of dollars in “clawbacks.” Insurance companies can take years to decide if they will pay a claim or not, and can also look at previous years claims and decide to go back and deny claims, causing financial hardship for companies who are trying to pay their staff on time and in good conscience. **Insurance companies need to be limited in the time they can take to decide on if they will pay out a claim, and how long they can go back in time to deny claims. They need to pay interest on claims that take longer than a certain amount of time to pay out. Therapists also need to know how much money they might have to pay for each audit category they fail. Currently we have no idea what could cause an audit failure or even how much we would be charged for failing it.** We all have staff to pay that require consistent, reliable salaries. We should not have to wait months or even 6 months or longer to find out if we can pay our staff or not. Small groups such as ours compete with huge agencies and clinics. We cannot stay afloat if we cannot pay our staff or get paid ourselves. We also need to know how much money to budget for audits should we be found to have failed one. Will it be hundreds of dollars or \$50,000? There is literally no way to know until the findings are over.

Due to this financial stress and hardship, and the fear this would happen again, WWC was forced to drop Optum as a panel that we would do business with. This also meant that dozens of our Optum patients now had no therapist at WWC regardless of the mental state they were in, and had to find another in-network therapist in an already impossible market to find a therapist in. **The threat of clawbacks, audits, and delayed claim payouts, has forced many clinicians to drop insurance panels in Oregon, leaving very few of us left who take insurance. Our waitlists for insurance clients have grown months long, creating the bottleneck you now see for Oregonians trying to access mental health care. There is so much need for mental health right now, that clinicians can start private pay private practices and become full without having to ever deal with an insurance claim headache or worse, denial or audits of claims setting them back possibly tens of thousands of dollars or more.**

This is absolutely preventable. Insurance companies need to be held liable to ethical standards and have crystal clear expectations of their audits and rules. Until this happens, more therapists in Oregon will stop taking insurance and decide to have cash pay only practices, creating even more of a bottleneck for services for insurance clients than we currently have. Therapists need to feel confident that they have the information that they need from insurance companies themselves to pass an audit, so that we can train our staff accordingly. Therapists want to practice in best practices, that is why we have evidence-based therapies, we are used to the idea that best practices lead to best care. **Currently, if you layperson reading this testimony, were to go to any insurance company here**

**in Oregon, state you were a therapist, and ask for a pamphlet or training on how to pass an audit you would not find one and you would not be given one. You would also not find any information on how to effectively use CPT codes in your claims to pass an audit or billing claim audit.** I know this because I have asked, and so have my peers who own clinics and groups. Instead we are financially penalized with audit findings and fines that we do not know how to pass, causing us to have to drop insurance panels, or leave the field altogether if the fines are too high to pay. This is criminal in a time when people need mental health care more than ever, and need to use their insurance to do so.

Please help us in having a voice and speaking for our clients who cannot speak for themselves here, and to pass this bill. Oregonians deserve mental health care that they can afford, and using their insurance is sometimes the only way to do so. Patients are paying for insurance. Insurance needs to be a tool clients can use in a time when they need help the most, not something hindering them from being able to find or access care.

Thank you for your time in reading this,  
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