

Submitter: Isabel McCune
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB61
To the Committee Members,

I would like to express my strong support for the passage of SB 61.

I am a behavioral health provider in private practice, and the vast majority of my practice's paneled clients are covered by the Oregon Health Plan, with benefits assigned to CCOs. Over the course of building my practice, I have incorporated administrative time of 10+ hours per week, solely dedicated to compliance to details of CCO administrative demands, so that I can avoid the risk of clawbacks in a possible audit. Every provider who sees this population shares my fears, and has shifted time away from seeing clients toward administrative time because of the overwhelming burden of compliance.

Still, even these efforts are insufficient, because CCOs often share confusing or contradictory rules and expectations for documentation and compliance--if they share these rules at all. Because I am a registered associate and cannot be contracted with a CCO, I literally have to rely on the copied-and-pasted regulations shared by my contracted colleagues in an organizational facebook group in order to ensure that I am compliant. I have, in writing, heard from CCOs one thing, and then seen that information directly contradicted to a colleague. This creates an uneasy, unstable, and reactive workforce that is not conducive to either compliance or effective mental health care.

While I have never been audited by the CCOs I bill, I did endure a clawback totaling over 10% of my income for the year in 2024--thousands of dollars. This was due to a clerical error on my client's part, not due to my own error, but it took six months to correct. At the time, I sought legal advice and was told that, because the CCOs have such broad ability to complete audits and clawbacks in the manner they choose, I had no legal recourse except to beg the CCO to reconsider. While I am lucky that they did reconsider in my case, this experience has led me to question whether it is sustainable to continue to engage in this skewed of a business relationship with a CCO. How can mental health providers comprise a solid and reliable network for OHP members when this level of risk is expected?

Passing this bill into law decreases the fear-based adversarial relationship between CCOs and providers, which has immediate benefits to clients--the OHP members that we serve. This bill would immediately lead to CCOs clarifying their compliance expectations, in turn decreasing the administrative burden on providers and allowing

us to open up additional time to new clients. Likewise, clarity in auditing procedures would allow CCOs and providers to work together to ensure quality of care--audits would be based on safety and quality concerns, rather than getting bogged down in minute details that do not have any bearing on the quality of care delivered.

Please pass this bill to protect access to a wide, diverse network of mental healthcare providers.

Regards,
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