

Outline of Testimony for Senate Bill 61

Hello. My name is Stephanie Snow and I am writing to give testimony supporting this proposed bill. I am a therapist, a clinical supervisor and a group practice owner serving Oregon mental health clients. I have been in the field of mental health for 20 years and have worked with Medicaid clients my entire career. In fact, I began seeing Medicaid clients in one of my doctoral practicum placements as a student; this early educational choice has significantly impacted my entire career.

I have worked in other fields prior to becoming a therapist and never in any of those positions did I have to worry about whether my pay would be taken back after I did the work.

Medicaid worries a lot about their members (clients) but without providers (clinicians) Medicaid members would not have services. Providers need to have basic protections as well. I will be the first one to say that if there is actual fraud, there should be a penalty. No system should have to pay for work that was not done. However, this is not what is happening. Providers are afraid to actually take Medicaid because they are afraid of the financial consequences, not because they don't want to treat their members. Without clear guidelines, all providers are at risk. Providers want their worries about the clients to be clinical in nature, not financial. The cost of an audit can bankrupt a provider or emotionally and financially scar them enough that they choose to stop seeing Medicaid members entirely or they may even stop practicing. Some providers decided to stop accepting Medicaid or private insurance due to the fears around the audits thereby limiting access to mental health services. Oregon is not at the top of the mental health food chain in terms of services and this is not helping the already stretched infrastructure.

Everyone makes mistakes especially in today's working world where many of us are inundated with technical and administrative demands and ever changing systems. Making a clerical error is not fraud. Fraud is conscious and purposeful with a manipulative intent. Clerical errors = human error. When a staff person representing Medicaid makes a clerical or administrative error or provides incorrect information by mistake, are they held liable for this? It is the provider who is held liable for incorrect information. Providers recognize that Medicaid staff make mistakes; it is important that the system differentiate between the mistake and purposeful fraudulent action. If providers are given clearer instructions, it will result in less governmental waste (time, personnel and money) and it will provide relief to the ethical providers serving our Medicaid population.

We, as providers, want to cooperate with our payors and we want them to do their part while we do ours. We can't expend our time and money and energy continually justifying errors because it actually interferes with doing our primary job which is serving our clients. That does not mean we should not be accountable for any billing or clerical errors but that is different than proving fraud is not present. Being audited costs a lot of money whether the provider wins or loses the fight; either way, the provider is paying back money they earned seeing their clients to combat a clerical error and in fact, may be paying back more than the error times 2 or 3 or more. I have never worked in a position where I owed more than I made because of an error. Other

professionals working outside of the medical / mental health field think this is insanity. Experienced providers have left the profession because the stress isn't worth it anymore. I have seen providers leave the mental health community because it isn't worth it to work and worry about not getting paid or having their income taken away now or in the future. It is exacerbated when Medicaid forces an employer to pay back funds after they have paid their employees for the clinical work. This employer loses because they have paid for the work that was completed by the clinician AND they have paid taxes on that pay AND now they are being asked to pay again....they can't take pay back from their employee to pay back Medicaid so they pay again. It makes providers question whether this is actually worth it?

On a personal note, I have worked with many amazing clients over the years and wouldn't have it any other way. My life has been enriched by knowing them. I hope they feel the same.

What I do know is that I don't want to be fearful that I can't support myself or my family because my pay may be taken back after the fact. I don't expect you to volunteer at your jobs either. We are interdependent upon each other. We are not exclusive systems. Fear will create vacancies if you force providers to think in terms of me vs you or provider vs system. It already has. Don't fail the invisible front line of providers who are caring for the poor, the traumatized and the mentally ill in our society. Help us help the humans. This bill will help support the providers, the clients and the Medicaid system.

Thanks for your time.
Stephanie Snow