Testimony by Suzanne LeSure, Ph.D., for House Bill 125

I am speaking to you today on behalf of the Ohio Psychological Association. I am a member and past president of the Ohio Psychological Association and I represent Ohio on the Council of the American Psychological Association. Most importantly, I am a psychologist who has been in practice in Medina and Cuyahoga counties for 25 years. Our practice provides care for families…for children, adolescents, couples and some individual adults. Because it is a group practice, I am also a small businessperson. I am the owner of a business that provides a livelihood for 18 people. I am also a purchaser of health care for my employees.

At present, our practice manages contracts for six psychologists, three licensed independent social workers and three independently licensed counselors. In addition, we have a post- doctoral trainee and a psychology assistant. We do business with 24 third party payers. Each provider must be credentialed and contracted. If every licensed provider were contracted with each third party payer, we would have 288 contracts to monitor. I employ four support staff to manage the paperwork required by contracts with health insuring corporations.

Let me note that these are not contracts that I have any influence over. As a small business, I am not in the position to negotiate with multi-million dollar companies. I can accept the contract as offered or reject it. If I reject it, I am unable to see the patients that are insured by that company. If the company insures a large share of the population in my area and I cannot see their patients, I will go out of business. For example, Ohio's largest health plan has a 67% market share in one region of the state. No matter what contract terms that company offers, I am forced to accept it or to forgo 67% of my potential market. I am forbidden to even talk to my colleagues regarding their acceptance of this contract, due to Federal anti trust laws. It is truly a David vs. Goliath situation.

Let me be clear that I do not object to the principle of managed health care or to the need for contracts. However, in the role of David, I have no ability to influence the fairness of these contracts.

Here is an example of the frustration we face on a daily basis:

A young woman recently licensed as a psychologist took two years off to spend time with her very young children. Upon her return to work, we requested a credentialing packet from a large behavioral health company in November of 2006. After multiple requests, we received the packet in January 2007. The young woman worked quickly to complete the 20-page document and it was submitted on January 30. Our office manager called every other week to check on the status of the credentialing and to inquire as to whether further documentation was needed. We were told all information was in order. On March 8, we received a fax informing us that the behavioral health company was now asking for additional information regarding the two years that she had not worked, but had taken time off to be a mother. They asked for a letter explaining the gap in employment. On March 15, we were informed that they had received the additional information and were satisfied. We did not receive verification that she had been credentialed until May 3. This particular company requires that all credentialing be completed before one can even enter into a contract discussion. Upon receiving the information that she had been credentialed, we immediately asked for a contract. We requested the contract on May 5 and the appropriate information was faxed to the third party payer the same day. While we have been assured through telephone contact that her contract is in order, we have been informed that it will take 30 days to enter her in the computer system of the third party payer.

In summary, in spite of a waiting list that has young children waiting up to six weeks for behavioral health services, this young professional has not been able to accept patients for over five months. The third party payer in question will not give her an authorization to begin treatment

of a child until her information has been entered in their computer system. As of today, she is still not able to see patients.

Once she is able to see patients, our trouble will not be over. As each new patient enters our practice, we must verify benefits and in some cases receive authorization for treatment. Approximately twelve first time patients call each business day. For each patient, one of my employees must spend between 10-20 minutes on hold….before they ever speak with a human…in order to verify benefits. If authorization is required, my staff will then be transferred to a different department and will wait an additional 10-20 minutes on hold. Even if all 12 of the new patients are with the same health care corporation, the insurance corporation will only let us obtain information on three patients at a time. Then we must hang up and go back to the end of the phone queue for the next three. I sat with my office manager on Monday and did the math. I am paying employees to spend four hours a day on hold before benefits can be verified. Even those companies that do offer on line information do not usually offer information about specialty care.

Lest you think that the step of obtaining this information is not necessary, let me share a brief story. An adolescent urgently in need of mental health care was seen at 5 pm. Because the office staff had left for the day, the step of verifying benefits and obtaining authorization was not taken. The adolescent and her very worried parents were provided care as necessary. In the morning, the office manager attempted to follow up with the third party payer and was informed that the visit would not be paid because the appropriate calls had not been made on the previous day. I might add here, that without an incredibly persistent and talented office manager, Velma Rothel, we would only recoup a fraction of our billable services, because of problems just like this.

We would see that child again in a heartbeat, regardless of whether we will be paid. Because our most important contract is with our patients. If legislation is passed that streamlines and standardizes contracts, it will allow me to concentrate on the implicit contract I have with my patients to provide the best behavioral health care I can.

I ask your help in bringing fair contracting practice to the health care arena.