HB148 3/28/15 (H)HSS Written Testimony

My name is Sheila Smith and I am an LCSW in private practice in Fairbanks at 250 Cushman, ste 4F. I have been a mental health provider for over 20 years, providing services to adults, families and couples, including the CMI

Amendments to AS 47.07.020
Medicaid expansion and Medicaid reform
Section 1: Amended by adding a new section

A. Innovative practices
B. (ii) Improve provider and recipient compliance with program rules

(3) A proposal to authorize a provider tax up to the maximum extent allowed by federal law to offset some of the cost of the Medicaid program (ACA?)
This may be a provision of the ACA but it will discourage proficient and highly qualified mental health professionals from participating. Why pay providers below insurance reimbursement rates to begin with, and then by way of a tax reduce those payments even further. One has to ask why any competent and skilled mental health agency or provider would choose to accept Medicaid. Patients

Section 3. (a) Department contract for independent audits of a statewide sample of all medical assistant providers in order to identify overpayments and violations of criminal statues.
While the state is interested in overpayments and fraud, a mental health investigator should be looking in patient records for 1. Treatment goal 2.Type of psychotherapy treatment 2. Estimated length of treatment 3. Evidence based treatment outcome
The question for auditors should be: Overall has the provider been effective. While some patients with the most serious and chronic illnesses may be accessing medical care more frequently, even those individuals should experience a reduction in the number of appointments if the therapist or therapy has been effective. Here I define therapy as psychotherapy not pharmacology. Lets be honest, while pharmacology may reduce symptoms, medications don't treat the underlying illness.
Ineffective treatment translates to more patient misery and higher costs to society and government.

Section 4. (b) To recoup overpayments
If overpayments represent significant cost to the state it makes more sense to put a system in place that would prevent that before it happens. Perhaps a small department specializing in a particular area (mental health) be granted the authority to check medical records of a patient or agencies receiving Medicaid as those billings come in or as treatment continues. Again, while some patients will require more frequent appointments initially, visits should decrease if treatment is effective. Such a department would be reviewing claims as the billing comes in. Some therapists see their patients once a week for **years**. Accountability for the treatment is good which competent clinicians should have absolutely no objection to.

Section 9. The cost containment measures taken under this subsection may include new utilization review procedures, changes in **provider payment rates, and** precertification requirements for coverage.
How many successful practioners (successful is defined here as effective treatment) would be willing to work far below market rates to provide care for the most challenging patient population? Those who are starting a practice or those who are unskilled would likely be seeking registration as Medicaid providers.

Section 10. (d3) Increase federal match for these programs from 50% to 56%
The country is broke and our state is struggling. What happens when federal funds dry up? This state must be fiscally responsible and seek innovative ways to deliver care which 5e of Sec 10 appears to be. Why did it take a financial crisis to think of telemedicine as a cost saving measure? Because this state, like many other states spends too much on unnecessary programs and projects when the state is awash in money then has to slash funding, even the most basic state responsibilities, when the money dries up. If a project or program is suddenly unnecessary in tight financial times then it was unnecessary when implemented in good times.

Here is the reality of mental health services in Fairbanks:

1. There are not enough MH agencies or independent MH providers in Fairbanks
2. Of those many are not qualified to treat families, couples and children, let alone CMI.
3. Only a couple clinics or agencies accept Medicaid, (I know of 2) those that do are back logged or have established service accessibility criteria that would exclude many who need mental health services.
4. LCSWs can provide care to Medicaid recipients only under the umbrella of federally approved facility or a psychiatrist; yet LCSWs still provide 75% of all MH psychotherapy treatment.

In closing I wish to say 2 things:
There is the appearance of doing something useful for the disadvantaged and in contrast the reality of effectively providing the quantity and quality of services needed.

If Alaska (Fairbanks) doesn't have Medicaid providers, qualified or not, what good is expansion of Medicaid?

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