



July 5, 2016

Ms. Karen Winkel
Rules Coordinator
Department of Consumer and Business Services
Insurance Regulation
350 Winter St. NE, Salem, OR 97301

Dear Karen,

Thank you for the opportunity to comment during the Oregon Insurance Division's rulemaking on the implementation of HB 2468, which was enacted by the legislature during the 2015 session. The Oregon Independent Mental Health Professionals (OIMHP) represents multidisciplinary mental health professionals predominantly working in the greater Portland, Salem, and Bend areas.

OIMHP strongly believes that **objective quantitative measures** must be used to determine the adequacy of an insurance company's mental health provider network beyond any insurer self-attestation or third party certification regarding network adequacy. We propose the following quantitative measures for the agency to consider:

- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network mental health **providers from each professional license group** (i.e., psychiatrist, PMHNP, PhD/PsyD psychologist, LCSW, LPC/LMFT) relative to the number of the plan's covered lives for each major geographical region of Oregon. For example, Insurance Plan A has 32 in-network Salem area psychologists for the plan's 2600 covered lives residing in the greater Salem area. Plan A provides a ratio of .01231 (Psychologists: Plan A covered lives); We would recommend that this calculation be repeated for each licensed professional group.
- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **substance abuse treatment providers** relative to the number of the plan's covered lives for each major geographical region of Oregon.
- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **mental health providers working with patients under the age of 13** relative to the number of the plan's covered lives for each major geographical region of Oregon.
- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **mental health providers working with patients between the ages of 13 and 18** relative to the number of the plan's covered lives for each major geographical region of Oregon.
- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **eating disorder treatment providers** relative to the number of the plan's covered lives for each major geographical region of Oregon.

- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **trauma treatment providers** relative to the number of the plan's covered lives for each major geographical region of Oregon.
- For each Oregon insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **autism spectrum disorder treatment providers** relative to the number of the plan's covered lives for each major geographical region of Oregon.
- For each Oregon Med Advantage insurance plan with a mental health benefit, submit the **ratio** representing the current number of in-network **mental health providers working with patients over the age of 65** relative to the number of the plan's covered lives for each major geographical region of Oregon.

Furthermore, if the OID determines that an insurer's in-network panel does not include a sufficient number of mental health specialists or professional licensed groups for each Oregon regional hub, then out-of-network cost-sharing and other plan requirements should be the same as the insurance plan's in-network requirements. If the OID determines that a plan's in-network provider panel is inadequate, the insurer must reimburse out-of-network providers the reasonable and customary value for their services, and not at the in-network discounted rate.

Lastly, the OIMHP would recommend if an insurance plan is found to have an inadequate panel, it must report to OID in a timely manner its strategy to remedy its network's inadequacy.

We appreciate the opportunity to provide public comments and recommendations to help shape the OID's implementation of HB 2468, and look forward to working with you on this important matter in the future. If you have any questions, please do not hesitate to contact J.L. Wilson or Justen Rainey at (503) 363-7084.

Best regards,

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