From: Mary Lombardo [m-lombardo@sbcglobal.net]
Sent: Wednesday, October 17, 2012 10:40 AM
To: Veltri, Victoria
Subject: Public Hearing October 17th 2012

October 17, 2012

To Whom it May Concern:

Re: Barriers to Mental Health and Substance Abuse Services, treatment and coverage for needed services under state and federal laws.

Hearing: October 17, 2012

I am a Masters Level Clinician and have been an In Network Provider for several insurance companies in the State of Connecticut for over 20 years. It has become increasingly difficult to provide services under the insurance companies' current rate of reimbursement for outpatient mental health. The current rate structure has remained constant in spite of the cost of living increases over the past 10+ years. While the rate of copayments for clients has increased, the reimbursement rate for Providers has remained the same. This practice results in profits for insurance companies at the expense of its members and its in network providers.

This practice of denying Providers an increase in reimbursement rates has remained constant even during good economic times. It has been difficult for myself and other providers to try and negotiate a higher rate of reimbursement from the insurance companies that is commensurate with our experience and expertise. The insurance companies rarely respond to telephone calls and letters by Providers; when they do the response is often one of "you can drop out of the network".

As a result, more and more clinicians, myself included, have been forced to drop out of the various networks in order to keep up with our own financial obligations and cost of living increases. Dropping out of networks makes it difficult for Members (the Consumers) to use their insurance benefits to find available experienced providers. With the dwindling pool of experienced in network clinicians, coupled with the increasing cost of Members' copayments, Members often decide to give up on seeking mental health services altogether or drop out of treatment prematurely. And, if they choose to use out of network benefits, their out of pocket expenses create a financial burden that eventually becomes unmanageable.

I believe that the barriers to receiving outpatient mental health treatment are increasing as we go forward into the year 2013. I believe that this is due, in large part, to the resistance by insurance companies to reasonably price Members' insurance costs and to reimburse providers equitably.

Thank you so much for your attention to this matter.
Mary Lombardo, LCSW