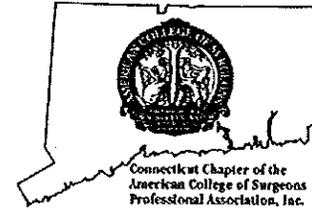
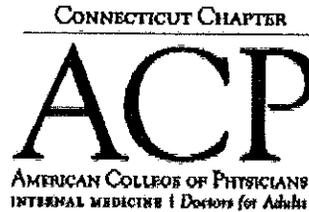


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**Connecticut State Medical Society Testimony in Support of**  
**House Bill 6381 An Act Concerning Health Insurance Claims Forms and the**  
**Development of a Uniform Treatment Authorization Form For Mental Health**  
**Services**  
**Insurance and Real Estate Committee**  
**February 19, 2013**

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the almost 7,000 physician and physician-in-training members of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony to you today in support of **House Bill 6381 An Act Concerning Health Insurance Claims Forms and the Development of a Uniform Treatment Authorization Form For Mental Health Services**. This proposed legislation allows physicians to use an identification number provided to every physician by the Centers for Medicare and Medicaid Services (CMS), the National Provider Identifier (NPI), when filing a claim with a Health Insurer and ensures the use of a standardized authorization form for mental health service.

CSMS has presented testimony to this committee in past sessions explaining why the use of a Social Security Number (SSN) or an Employer Identification Number (EIN) for the purposes of submitting a claim is not necessary because of the creation of the NPI that offers greater certainty and clarity. Furthermore, the use of SSN or EIN today merely increases the likelihood of identity theft as health insurance claims often pass through many entities throughout the claims process and are reviewed by an increasing number of individuals and entities. That being said, the bill before you today does not prevent the use of a SSN or EIN by those physicians choosing to do so, it merely allows physicians to use the more appropriate NPI for the protection of their identity and the assurance of identity required by health insurers and others who rightfully should have access to claims information.

As we all work together to develop and implement the use of appropriate databases to track claims, delivered services, treatment options and cost., the ability for physicians to use a more secure identifier that is not tied to personal and financial information vulnerable to identity theft is critical and reduces a significant barrier to participation and submission of patient health information to approved entities. The more information exchanges hands, the more access points to that information will be available, and the more opportunities for the misuse of information will exist. As physicians will be required to submit sensitive information to these databases, they must be protected from

such harm just as patients seek and have protections from access of critical health and personal identifying information.

Connecticut state statute base requirements for insurance claims on the CMS 1500 paper claim form that is used throughout the health-care industry for physician claims, including those that are ultimately converted by third-party billers and clearinghouses into an electronic format. Box 25 of this claim form contains a space for a physician's SSN. However, carriers do not need a physician's SSN or EIN to process claims any longer thanks to the development and release of NPI. Coverage is driven by the patient's eligibility. Eligibility is determined by the payer's eligibility file or other information contained on the claim. Currently, under CMS regulations, physicians are only required to use a separate identification number assigned by an agreement with the contractor in order for the claim to be accepted, processed and paid.

Furthermore, we offer support for section 2 of the proposed legislation. A uniform prior authorization form is critical for the delivery of mental health services. However, several pieces of proposed legislation are before this committee to provide a standardized prior authorization form on other elements of the provision of health care. CSMS firmly believes that we must work in unity to develop one standard prior authorization form for all health and medical care services, including mental, behavioral and substance abuse services. Unfortunately, at the current time, multiple forms exist and are requested by insurers for a variety of health and medical services, depending on the type of diagnosis and the type of treatment. This appears unnecessary and burdensome today given the rise of technology that should make a uniform claim form more easily adaptable and adopted by insurers, physicians and other providers of health and medical care services.

We respectfully ask you to support **House Bill 6381 An Act Health Concerning Insurance Claims Forms and the Development of a Uniform Treatment Authorization Form For Mental Health Services** to increase the uniformity of process and information so that physicians, other providers of medical care services, insurers and even patients are able to reduce costs and simplify how claims are reported, processed and paid

Thank you for your consideration of this important matter.