



127 Washington Avenue, East Building, 3rd Floor, North Haven, CT 06473  
Phone (203) 865-0587 Fax (203) 865-4997 www.csms.org

**Testimony for Senate Bill 384**  
**AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY**  
**MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE**  
**Insurance and Real Estate Committee**  
**March 6, 2018**

Senators Kelly and Larson, Representative Scanlon and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony to you today on **Senate Bill 384 AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE.**

CSMS generally supports Senate Bill 384 in that it provides increased clarity as to the network adequacy of health insurers tied to their mental and behavioral health care providers and professionals. However, CSMS does have some concern with sections of this rather lengthy legislation that would provide information to the Connecticut Insurance Department (CID) between health insurers and contracted providers specific to their negotiated fee information.

While CSMS believes in complete transparency of information, there may be some information that is proprietary between providers of medical care services and that information should be withheld from public presentation, such as actual fee schedules, reimbursement formulas and payment methodologies that may reflect or highlight how much each clinical provider is being paid by each respective health care carrier. While the approach to payment is not and should not be withheld from patients or the public, the specific amounts or percentages of payments that each health carrier may reimburse a physician or other provider compared to another provider of care services, should not be made publicly available for fear that the health care carriers would use such information in negotiations, especially with solo and small practice providers who have no other leverage or ability to negotiate other than to indicate how much or at what frequency within their practice, does a particular health carrier reimburse them for their services.

Therefore, CSMS can state it is supportive of health carriers providing more information to the CID associated with mental and behavioral health care for CID to better ascertain the sufficiency of network tied to these services. However, CSMS must caution this committee that too much contractual information, especially reimbursement information, tied to individual providers and the health care carriers being released could have the unintended consequence of providing health carriers with additional leverage to use against providers in negotiations, especially solo and small practice providers of mental and behavioral health care services.