

**From:** [Tanisha Christie](#)  
**To:** [EBSA MHPAEA Request for Comments](#)  
**Subject:** Contracts with Insurance companies  
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Hello, I am a mental health provider in New York. There is a disparity in payment between different licenses for the same services rendered and difficulty getting out of contracts once signed after we as providers meet our terms. While it is a free marketplace the restrictive laws and terms are generally exploitative.

To your questions in the document:

we don't have access to data showing the percentage of providers in relevant service areas and categories that participate in the plan's or coverage's network of providers; or information on the percentage of providers in their respective market who participate in their networks to make an informed decision on whether joining is advantageous; we do not have info from providers on who has access through those contracted facilities; we don't have a way to make an informed choice here either; geographic areas are by state for many plans; BCBS does have a national plan but there is not clarity to which plans; we have to render service first, submit a claim before knowing. So there is no clarity to the patient, or the provider.

Plans are restricting out of network coverage; limiting access to individuals to receive care when providers are not available.

Providers and participants should have a right to choose what mode of care is appropriate; as the pandemic showed, people were able to receive more than adequate care and were in-person when needed. Fees for services should not be rendered based on in-person vs. not.

Warmly,

**Business Office for Liberation-Based Therapy**

(917) 722-2392

Website: <http://www.theliberated.us/>

Meet us: <https://linktr.ee/theliberated.us>

Owner/Founder: [Tanisha Christie, LCSW](#), Practice Director (s/her)

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