

April 12, 2023

Senator Bailey, Representative Perry, and distinguished members of the joint standing committee on Health Coverage, Insurance, and Financial Services:

On behalf of Central Maine Healthcare's Therapy Service Department, this letter is intended to state our support of Legislative Document No. 1383: An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational therapy Services. This letter has been prepared in collaboration with our Patient Service Representatives, Office Coordinators and Clinical Managers at outpatient clinics in Oxford, Cumberland and Androscoggin County. This includes both not-for-profit and for-profit clinics in Lewiston/Auburn, Turner, Bethel, Rumford, Naples and Bridgton. This bill could help support optimized workflow for all therapy clinics, decreased wait times for patients to receive care and increased access to therapy services directly within the communities that these individuals live and work.

When comparing workflows amongst insurance companies, the primary concerns are that it takes too long for authorizations to come in and that it is difficult to reach an actual person via phone in order to work through the patient case and reach a favorable outcome. Please see the following chart below that states our concerns and their impact in greater detail.

| Optimal Insurer Workflow | Needs Improvement Insurer Workflow (i.e. Anthem, Wellcare and Liberty Mutual) | Impact on Patient Care/Team Member Process |
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| Same day authorization for therapy services. | 24-48+ hours, especially if needing to request more than the automatically approved visits. | Increased wait time to service for patients. |
| Authorize 12 visits at a time. | 2-4 visits per authorization. | Rationing care results in decreased access, increased wait time between appointments (gap in patient care up to several weeks) which impacts results. Progress note required for each auth (would normally be completed every 8-10 visits, now needs to be every 2-4 visits if that's all that were authorized). More paperwork results in increased therapist down time, decreased access and increased wait times for patients. |
| Peer to peer is not required. | Peer to peer is required and the insurance peer is often a nurse (not a therapist). | Increased downtime for therapists while waiting for call/on hold/waiting for transfer. Need to explain situation multiple times. |

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| Consistent process with authorization. | Inconsistencies (some prefixes for Anthem are more difficult, specifically BAV and BEY). | Unknown how long each phone call will take making it difficult to schedule authorization calls while maintaining other responsibilities. |
| Use of portal for easy authorization and no need to sit on hold on the phone for hours. If not portal, auth can be achieved with 1 phone call in 15 minutes. | Portal does not work with Anthem. Need to make phone calls and go through third party vendors (Carelton), calls get dropped, constant transfers. Can take up to 4 hours to reach an actual person. | Increased down time for office team. Increased wait time for patients to get scheduled appointment. |
| Immediately enroll therapists NPI number with insurer. | Anthem takes weeks to enroll clinicians. | Inability for new hires to care for Anthem patients for first few weeks of employment. |
| PTA services are covered. | PTA may not be covered. | Decreased access to care for the patient. |

Please note these specific scenarios for added support:

- 1) Central Maine Therapy Services – Bates Street (Jamie Carter): Lymphedema patients are known to need prolonged services. We have patients that are approved (through Anthem) for only a few visits at a time. The PT has to do a peer to peer nearly every time and the patient ends up calling Anthem as well to get additional visits. This is very frustrating for the patient and therapist as it is known from time of referral that patient will need extended visits.
- 2) Rumford Hospital – Outpatient Pediatric (Tara Hemingway): Child receiving speech therapy services for over a year, dad's job changed insurance to Anthem. Initially when going online on January 4th, Anthem site noted no required authorization needed (screen print off saved). Checked again in February when going for OT authorization and site has changed stating authorization was needed for all three therapy services. Called Anthem in Mid-February to confirm this. Patient is receiving speech therapy although we are still waiting to see if previous appointments will be covered from January-February 14. OT was denied.

Ultimately, many of these insurers are putting unnecessary barriers in place that ration care and decrease access to quality care for many patients. In addition, the workflow and processing delays paired with the inability to get timely assistance over the phone results in an increased workforce burden for our organization. We have had to create a new 40-hour position to help us process referrals and obtain prior authorization as our front office team members can't be on hold with insurance companies while also providing service to the patients checking into and out of appointments.

We appreciate your consideration of this bill and would be happy to provide additional examples or clarification to the above statements at any point.

Sincerely,
Central Maine Healthcare Therapy Services Department

Supported by:

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