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Testimony of the Maine Osteopathic Association
Before the Committee on Health Coverage, Insurance and Financial Services

In Reference to:

LD 1498, An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance

Public Hearing: Monday, April 24, 2023 10:00 AM, Cross Building, Room 220

Senator Bailey, Representative Perry and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

The Maine Osteopathic Association (MOA) is a professional organization representing approximately 400 osteopathic physicians as well as more than 700 residents and students. Our mission is to “serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State.”

The MOA is pleased to provide comments in reference to LD 1498. We are in support of this bill as a potential solution to a growing problem between insurance carriers and Maine’s healthcare providers, that we see as particularly crippling for smaller practices.

As has been widely publicized in the media, our members are facing some serious challenges in simply getting paid for their services. Many of these issues result in harm to the patient/consumer and as such are not just provider-insurer contract issues.

We believe the authority of the Bureau of Insurance should be expanded to enable them to intervene in provider/payer disputes. It is important for you to know that providers and their professional associations, like the MOA, do regularly attempt to get these problems resolved with payors directly. The MOA and other provider associations have also reached out to the Bureau of Insurance in the past when our members report specific issues that are widespread to a particular insurer, service, or practice area. As an example, the MOA, along with several other provider groups met with the Bureau in December 2021. While our concerns were heard, we were told that the Bureau cannot get involved in carrier/provider disputes.

Here is a list of some of the frustrating issues our members have reported in trying to get claims paid with insurers:

- General Customer Service Issues—Long hold times when calling to discuss claims, dropped calls with no call back, appeal letters and remittances that all have different contact numbers, only allowed to discuss one claim at a time and asked to call back for others, chat features on online portals that do not actually work, or responses are incoherent, written correspondence that is also incoherent, lack of access to provider relations team members, etc.
- Poor Communication regarding policy and provider agreement updates— Not clear where to find updated provider manuals, inconsistency in these manuals, rushed system updates that cause problems that cannot be immediately resolved (i.e. system began using a new version of NPI number and some providers forced to resubmit all claims from a certain time period)
- Claims Submission/Resubmission/Appeals – Responses to claims do not indicate where in the appeals process the claim exists (should they resubmit/reconsider or appeal or clinical review?) Online claims submission is not

easy to upload records or other documentation and no fax number is provided to send this information, appeals need to be sent via certified mail and the signing individual may not actually identify themselves so that they could be contacted for follow up, Denying claims and refusing to clearly tell the provider why the claim was denied so the provider can correct the error and resubmit the claim or file an appeal, Not providing consistent and correct information on how providers can file appeals (verbal instructions inconsistent with provider manual instructions)

It is a significant investment of time to simply ensure you are getting paid for valid medical services. As such, it's become almost impossible to be a solo physician practice with a small footprint providing care in a Maine community, something which was once commonplace. Some small practice members we have heard from have had to hire a new staff member just to sort through claims to understand which were paid, which we denied and in need of appeal, etc. And when appeals are necessary, physicians often end up sharing their documentation from patients visits and then writing letters to further explain why the provided services should be paid. These are hours that take away from their ability to provide care for additional patients and certainly add to physician burnout, encouraging physicians to retire or leave medicine at alarming rates.

Meetings or not, in many cases problems getting paid have persisted and escalated to the point they are threatening the viability of many practices across a wide spectrum of providers. Many providers believe this is compromising the care they are able to offer their patients and are forced to consider terminating their provider agreements as a result.

We want to ensure that our members' concerns are addressed in the best interests of ensuring Maine consumers have access to and receive the medically necessary benefits their health plans are supposed to cover. And we see LD 1498 as a way to provide a path of recourse to Maine's providers so that they can continue to provide quality healthcare, before their frustration forces them out of practice or out of the state. We would urge you to vote Ought to Pass on LD 1498.

Please do not hesitate to contact us at info@mainedo.org if you have any questions. Thank you.