

Cayford, Edna

From: Sara Merrill <smerrill@scarboroughpt.com>
Sent: Tuesday, April 4, 2023 2:32 PM
To: Bailey, Donna; Perry, Anne; Brakey, Eric; Reny, Cameron; Arford, Poppy; Cluchey, Sally; Cyrway, Scott; Mastraccio, Anne-Marie; Mathieson, Kristi; Morris, Joshua; Nutting, Robert; Pringle, Jane; Swallow, Gregory; HCIFS; McCarthyReid, Colleen
Cc: Millett, Rebecca; Carney, Anne
Subject: Please vote "Ought to Pass LD 1383

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This message originates from outside the Maine Legislature.

Dear Senator Bailey, Representative Perry and Honorable Members of the HCIFS Committee:

I am a physical therapist at Scarborough Physical Therapy Associates. I'm writing to ask you to support LD 1383, An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational Therapy Services.

I have been a PT for 35 yrs, 27 of them at Scarborough Physical Therapy Associates(SPTA). The burden that insurance companies have placed on providers over the years has grown to an inappropriate amount. Not only that, but they are authorizing fewer and fewer therapy sessions based on very little information from the provider. For example, AIM (or Carelon as they are now called) uses a number generated by a one size fits a diagnosis form to make their determination. They do NOT read the skilled and thorough evaluation a therapist does that outlines the patient's plan of care, goals, treatment designed to meet those goals and rationale for this. They base their number of treatments authorized on a number generated from one form. When asking for more visits after the initial authorization has been exhausted (which can be as few as 4 visits!) they do not look at progress notes, and again look only at a number on a form. It is not until the third request for more visits that they then request the initial evaluation and most recent progress notes. There is nothing wrong with therapists having to substantiate why therapy is indicated and this is something we have always done in our initial evaluations. However, the process insurance companies now require is timing consuming for therapists as well as office staff. It makes designing a cohesive plan of care difficult not knowing how many visits will be approved, It often disrupts the patient's plan of care. And it is not based on a clear picture of the needs of the patient which leads me to believe that the number of visits authorized is not truly based on the patient's need which should be determined by the referring physician and therapist.

Insurance companies, especially Anthem BCBS, have been making it harder and harder for therapists to provide the care patients need, all the while paying providers LESS. SPTA is an independent locally owned business. We are a wonderful company that provides compassionate, high quality care but insurance companies are making it harder and harder to survive and serve our community. Please sign this legislation.

Thank you in advance for your consideration. Please feel free to contact me if you need any further information.
Respectfully,

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Sara H. Merrill M.P.T.
Scarborough Physical Therapy Associates

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