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Testimony of Kenneth Simons, PT, DPT, OCS, MS  
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**In Support of LD 1383, An Act to Regulate Insurance Carrier  
Prior Authorization Requirements for Physical and Occupational Therapy Services**

Senator Bailey, Representative Perry and Honorable HCIFS Committee:

My name is Dr. Kenneth Simons. I am a doctor of physical therapy. I'm a Board Certified Specialist in Orthopaedic Physical Therapy and residency and fellowship trained in manual therapy. I live and work in Scarborough. I have owned and operated Orthopaedic Physical Therapy Associates in Sanford since 1990. I opened a second clinical location in Scarborough in 2006.

I am also a founding member of the NorthEast Private Practice Network which consists of approximately 26 independent Physical Therapy practices with 38 locations throughout 28 Maine towns.

I stand in support of LD 1383. This legislation will fix the prior authorization problems PTs have had with several payers. Anthem BCBS, however, is the only payer we are currently having problems with. Their subsidiary, Carelon, formerly known as AIM (American Imaging Management) requires an average of 3 prior authorization approvals for 10-12 PT visits. A survey of our network members indicates this takes an extra 2-3 hours of administrative time per Anthem patient – increasing the amount of time we have to spend on each 12 visit case by about 30%. This is not necessary at all when there is rarely over-utilization before visit 12 and Carelon auto-approves that many visits anyway!

The specific procedures to complete a Prior Authorization (PA) request on the Carelon platform are onerous and burdensome. Unfortunately, as a solo provider in a small clinic, I am acutely aware of the details, as I file the PA requests myself. Each PA requires over 30 windows to navigate through. Much of the information gathered is data already known by the payor, but more importantly completely irrelevant to the condition of the patient. For example, it is necessary to enter the name and NPI of the Ordering Provider, Treating Provider and Servicing Facility, the member's phone number and email address. All of this information is required not only on the initial request but with each subsequent request to continue the care of the patient. None of the data is automatically populated.

I have seriously considered going out of Network with Anthem, but it is the largest payer in this state and I would lose a large percentage of my business.

Small providers like me need your help. Anthem is not saving anyone any money by requiring prior auth that is not necessary and driving costs up for providers. Please vote "Ought to Pass" on LD 1383.

I'm happy to answer any questions.