Please vote "Ought to Pass" on

LD 1383, An Act to Regulate Insurance Carrier Prior Authorization Requirements for Physical and Occupational Therapy Services

Senator Bailey, Representative Perry and Honorable Members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Melanie Blaney. I am the Practice Administrator at Scarborough Physical Therapy Associates. I have had the pleasure of working at Scarborough PT for the last 25 years.

Over the years, the administrative burden imposed by many managed care health plans in our state has increased exponentially. We have gone from needing a PCP referral to also requiring a pre authorization from the insurance company, in addition to the PCP referral.

The preauthorization process varies, depending on the insurance carrier. Some require preauthorization of services after a specific number of visits. Others partner with utilization management companies, requiring preauthorization beginning with the initial visit. This process is by far the most time consuming and cumbersome process of all.

For the first request to authorize visits, providers submit basic information, including patient demographics, a functional outcome score from a patient survey and answers to clinical questions that have either a yes or no answer or a multiple-choice answer. Questions such as: Did the injury or condition occur within the last 6 months, has the patient has had a surgery in the last 3 months, does the patient have a confirmed diagnosis of autism spectrum disorders and select a condition from the following list that may impact treatment. There is no opportunity to provide any additional information. The questions requiring a response are not always the same questions, therefore Providers must read through evaluations which can be 5-6 typed pages long, to extrapolate the required information, which is quite time consuming.

An average of 5-6 visits over an 8-week period is approved on the first authorization. If additional visits are needed, the subsequent request process mirrors the first. Again, no opportunity to provide a plan of care or status updates, aside from a change in the functional score. If additional visits are granted, it is usually 2-4 visits and tends to be over a 4-week period. Providers spend 30-45 minutes on these 2 prior auth requests just to get auto-approved for a total of 7-10 visits.

The third request and all subsequent requests require the same information as the first two. However, these requests will always be pended for further review of medical records, regardless of whether all previously authorized visits were used (sometimes the prior auth time limit runs out before we have used all of the approved visits).

Providers are required to perform certain tests and measures required by the process that are not clinically relevant, if there is any hope of getting additional visits preauthorized. The medical necessity review takes at least 2 business days to be completed and many times additional visits are denied.

In the event of a denial, Providers can call to speak with a reviewer. This entails significant hold times and disrupts patient care. At times, Providers have been put on hold for nearly 2 hours, just waiting to speak with a reviewer, only to be disconnected. Upon conversation with Reviewers, Providers have been told to "rewrite the patient's goals and submit a new request" or "discharge the current diagnosis and submit a request with a new diagnosis" (so the request for visits will be auto-approved for 4-6 more visits). This is absurd and only interferes with patient care!

This is an administratively, time-consuming process we find ourselves completing every few visits with our patients. Performing additional reevaluations, combing through daily notes and evaluation reports to find information required for preauthorization submissions and Providers spending an abundance of time waiting on hold to speak with a reviewer to advocate for patients benefits.

Please help us end this madness by voting "Ought to Pass" on LD 1383.

Thank you for your consideration.

Kindly,

Melanie A Blaney

Melanie A Blaney
Practice Administrator
Scarborough Physical Therapy Associates, P.A.