



April 14, 2021

Testimony in Support of LD 1317, An Act To Regulate Insurance Carrier
Concurrent, Prepayment and Postpayment Review
Public Hearing, Health Coverage, Insurance and Financial Services Committee

Senator Sanborn, Representative Tepler and Members of the HCIFS Committee:

I'm Dr. Gregory Fox, I'm representing myself, my wife who is a Physical Therapist, and Heritage Integrative Healthcare with practices in Falmouth and Bridgton Maine, I've been in practice for 21 years in which I've had the pleasure of testifying before this committee on multiple times including sessions in which we advocated for healthcare cost transparency and legislation barring discriminatory practices.

As a summary of my testimony:

July 2019 Carrier initiated a documentation review/audit in which they responded to us 6 months later.

The results of that documentation review concluded that our practice would be subject to the carriers' PRE-Payment Review until documentation was deemed satisfactory.

- In the first days of the PPR, we met with the carrier CPC or certified professional Coder in March 2020, at the very crux of the Pandemic to request explanation of their opinions.
- First we qualified that the documentation and claims for payment were not fraud, waste or abuse, which the carrier confirmed it was not.
- Second we ask for a detailed list of procedures and documentation they believed were outliers. They agreed to provide this list as supposedly it had already been aggregated, but then it took them more than 90 days to provide us with this content.
- When we finally saw was best described as 'straw man arguments' or biased opinions represented as fact. We disagreed strongly.
- Our practice has employed a certified professional coder to review our documentation and Self audit our practice billing for more than 12 years, we were strong in the conviction that Our documentation more than met standards and we were being targeted.

Initially we followed the process of PPR submission of claims by paper as requested, yet the process was fraught with problems, including the carrier denying they received high percentage of the paper claims. We immediately switched back to the electronic submission to prove timely filing.

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80 LEIGHTON ROAD, SUITE B | FALMOUTH, MAINE 04105 T: 207.321.2100 F: 207.321.2101

154 MAIN STREET | BRIDGTON, MAINE 04009 T: 207.647.8811 F: 207.647.5563

WWW.HERITAGEIHC.COM



We submitted electronically, we uploaded our requested documentation electronically, and upon a unbelievably high amount of denials, we appealed every denial for more than 12 months and had a greater than 75% success rate in getting the denials overturned. This additional administrative cost was more than 40K.

After 22 months of records review and PPR, on March 31,2021 our practice miraculously met the 'passing threshold'.

At this time the outstanding claims with the carrier remains more than 9 months in arrears, meaning we are just now seeing payment for June 2020 for claims properly submitted and timely filed .

We would like to point out that our documentation and internal professional coder had updated our software system in February 2019, this was 4 months before the initial records audit began. As you can imagine, When we received these results, we were immediately suspect that this was a targeted audit and the Pre Payment review confirmed our suspicions.

Our practice had updated our documentation system more than 13 months before the pre-payment review began. If the Pre Payment review had merit, they would have know this immediately if not within the first 30+ days. Yet, the PPR continued for more than another 12 months, and we asking the BOI to intervene so we do not have to wait another 9 months to receive payment on appealed claims.

In support of our claims and overturning of denials, we specifically quoted Medicare Local Coverage Determinations, American Medical Association CPT billing criteria, the AMA CPT Assist Newsletters, and the carriers payment policy for proper payment. We believe the carrier continues to maintain processes in a manner that inappropriately delays and denies claims for services.

Thank you and I appreciate the extraordinary efforts of this committee and immeasurable dedication to improving healthcare.

Yours in Health,

Gregory Fox DC, DCBCN
Heritage Integrative Healthcare

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