

4-14-2021

To: Members of the Joint Standing Health Coverage, Insurance and Financial Services Committee

Re: **LD 1317**, An Act To Regulate Insurance Carrier Concurrent, Prepayment and Postpayment Review

Dear Members of the Committee,

Thank you Senator Sanborn, Representative Tepler, and esteemed members of the joint standing committee on Health Coverage, Insurance and Financial Services. My name is Dr. Daniel Myerowitz. I am a resident of Holden and a lifelong resident of the State of Maine. I am a third generation Chiropractic Physician, and I am now in my twelfth year of practice. I am President of the Maine Chiropractic Association and will be testifying on behalf of our members and my patients strongly **in favor** of LD 1317.

The guidelines invoked by this bill cannot come soon enough. One of the largest office overhead expenses is filing insurance claims and dealing with the resulting remittance errors and documentation requests. We are rarely provided with any context in the explanation of benefits beyond vague statements or error codes. There is a high burden of proof on the provider with an unfortunate presumption of fault or ill will. My practice is currently having an issue with an insurance carrier that blanket denies just one procedure code and subsequently requests all records relating to the code. The really frustrating part of this issue is that the code reimburses very little and these policies are generally all high deductible or have high co-pays so even if we get the code approved the insurer pays little to nothing. We are thus faced with the burden of proving that a service is necessary merely to get permission from the carrier to bill the patient for the service which they have already agreed to receive. These records requests and staff time involved routinely cost my office more than the expected reimbursement for the service, which renders the whole situation a losing proposition. These additional hurdles delay our billing to such an extent that patients with high deductibles or co-pays are being mailed bills many months after they received the services. This can create ill will between the patient and the practice through no fault of the practice, and can limit a patient's ability to utilize a tax-advantaged account (HSA, HRA, or FSA) to pay for services under certain circumstances.

Throughout the years there have been many examples of third party review companies coming into our state and selling their services to insurers as a means of lowering their costs. Please keep in mind, a review company must reduce insurer expenses more than the cost of hiring the company in order for the arrangement to make sense. This has rarely worked out well for the people of Maine. Ultimately, the result is another cost to the small businesses of our state and a wall erected between your constituents and the care they need. Too many times I have spent hours on the phone explaining to a reviewer with no expertise in my field why my recommended treatment plan is appropriate. Too often I have wasted time submitting a

request for prior approval only to be denied because an out of state company has arbitrarily decided all patients should be cured in a week with only 3 treatments. Just as I am not qualified to determine whether or not a medical doctor's prescription should be disallowed, a non-chiropractic professional with minimal knowledge of chiropractic treatment methods is not qualified to review a chiropractic treatment plan.

I strongly encourage you to vote "ought to pass" on LD 1317 to ensure a fair set of rules for insurance reviews in our state. This bill will greatly streamline the insurance review process and protect the small offices so pivotal to our health care system.

Sincerely,

Daniel Myerowitz D.C., Dipl. Ac. (AACA)
President, Maine Chiropractic Association

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