

Testimony submitted via email.

Dear Mr. Greenlick,

I am writing to you today about HB 2778. I am a voting resident in Salem, Oregon, and I wish to express my support for this bill.

I am an acupuncturist who has been practicing here in Salem for over 15 years. In this time, I have seen insurance programs steadily change for the worse:

1. decreasing pay,
2. increasing deductibles and co-pays, and
3. increasingly implementing "utilization management programs" whose sole role is to limit / deny patients' access to the care that they thought they were purchasing when they choose their plans.

This letter, like HB 2778, is about the third item.

Since January first of this year alone, I have three patients who are unable to follow a standard treatment plan that I have written for them because the insurance company (in this case Regence BCBS of Oregon) puts up arbitrary roadblocks to their care. The "utilization management company" (in this case, Evicore) may approve some treatments, but at a sub-therapeutic level of care -- then will deny any further treatments because "it is not working." It is similar to their approving blood pressure medication, but only 3 times a week. And then denying further medication because "it is not working."

Further, I am finding I have to spend an unacceptable amount of time pursuing treatment approval and payment. Trying to get appropriate care approved for these 3 patients alone takes up the time normally spent on ~20 other patients' billing followups (estimate). This decreases the monetary amount that I get reimbursed for my time, proportionately. I am on the verge of terminating my contract with Regence, because the math simply does not work any more: they do not pay enough for all of the work and frustration they cause. And the patients ultimately suffer, because they can't receive any care unless they pay more money out of pocket, on top of what they already pay for the insurance that they are required to buy, but that they actually can't use.

The insurance companies that funnel people through these "utilization management programs" are flagrantly stealing from their purchasers. They sell the patient the promise of a service, then refuse to deliver the service when the patient needs it.

A sample ledger from one such patient (minus any identifying information, of course) reads:

DOS Herbs Code \$ copay adj TOTAL paid owing ins due billed date rcd paid adjusted owing notes

1/2/2017 B2 95 20 - 20 20 75 1/2/2017 3 of 4

1/5/2017 B2 95 20 - 20 20 - 75 1/13/2017 4 of 4

1/6/2017 Called for authorization. Told computers down.

1/10/2017 called for preauth. Louisa - incompetent. Told me all sorts of personal information about her husband's bleeding ulcer, didn't know what an "extremity" was when I said "knee / leg pain" and refused to accept "I don't have that information" for an answer, trying to get me to lie and say yes or no. Hung up after about 30 minutes of this torture and called Regence to resign from network. Ironically, unable to get in touch with anyone who can accept my resignation

1/10/2017 trying to do preauth online. Unable to verify authorization on availability site, as now they are requiring "payor provided provider ID" but I have not been provided an ID by the payor.

1/10/2017 second message left with provider rep, specifically complaining about this last attempt with Louisa

1/10/2017 SR 50 1/13/2017

1/11/2017 received phone message that i need to finish my request for preauth, even though site says I can save it and finish it later.

1/11/2017 "10:54 am: message from me to Shannon Thomas:Hello Shannon,

I have left 3 voicemails this week. I am having unacceptable difficulty dealing with preauthorizations through Evicore. I am considering resigning from your network.

Please send me a copy of any contract we have on file so that I may review it. Thank you.

Sincerely,

Echo L. Hobbs, [L.Ac.](#) "

1/11/2017 Shannon Thomas finally messages me back that she has received my complaints and forwarded them to the appropriate people. Sends me latest letter sent out regarding fee schedule, but does not send contract. I email back, asking for original contract. No response.

1/12/2017 recieved phone message that patient has 2 more treatments, even though i haven't finished my request, but that I really need to finish my request next time. No reference # left

1/13/2017 still have not received phone call back from rep to resign. 2 emails, 3 phone calls. still has not sent me latest contract, just recent addendum

1/24/2017 Followup phone call with patient -- doesn't want to piecemeal treatment, fighting to get approval for a full series to take care of problem. Explained that I wasn't done with the referral request when Evicore picked it up, and that I'd would see what I could do on my end - pt. said she'd take it up with them. discussed complaining to HR dept about this insurance plan

1/30/2017 B2 95 20 - 20 20 - 75 1/30/2017

1/31/2017 Cannot access authorization. Tried to contact availity. Only option was to open claim via website. No phone #

2/1/2017 B2 95 20 - 20 20 - 75 2/1/2017

2/1/2017 Checked Availity site. No progress on PAPI

2/2/2017 Still do not have payor assigned provider id -- cannot access authorization forms. May: doesn't think I'm supposed to use the Availty site, even though I am. on hold 15 minutes before a human even answered. Double checked can't find anything on this, referred back to Shannon Thomas or Christina Prinslow - even though they are not being helpful with contract battle. 24 minute call with zero results.

2/7/2017 B2 95 20 - 20 20 - 75 2/9/2017

2-9 Preauth granted but only for 2 treatments (DOS 2-7 and 2-9) "does not appear patient is getting better" - even though clearly her pain and function scales show that she is.

2/9/2017 B2 95 20 - 20 20 - 75 2/9/2017

On top of the current issue, 2 insurance providers (Regence again, and Providence) have cut my pay again this year. This model is unsustainable. Due to the difficulties in getting patients the treatment they need, and the inability to secure a fair wage for the work that I do, I recommend to anyone who asks that they NOT choose a career in healthcare. The math simply does not work to make the pay worth the time and money sacrificed for the education, and the time and frustration in dealing with insurance companies.

I hope you find this as unacceptable as I do.

If so, I encourage you please to support HB 2778.

Thank you for your time and consideration.

Sincerely,

Echo L. Hobbs, [L.Ac.](#)

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