

*Testimony submitted via email.*

Hello,

I am writing today to voice my support for House Bill 2778. I am a Chiropractor in Medford, Oregon with a clinic run without office staff or reception help. I believe we health care practitioners exist to help our patients' health care needs. For this reason, for the past few years, I have been moving away from insurance billing and more into the essential patient-doctor relationship. Yes, the burden of payment falls on the patient, but that means I don't need to hire a back office person to bill insurance.

In the last few years of my practice I have seen an increase in insurance companies moving toward more and more pre-authorization. This is extremely hard for small offices like mine that do not have the staff to sit on hold and wait through a phone tree. When I need to obtain authorization for a patient it takes time away from being able to treat patients. One of the major draw backs of needing pre-authorization is that you must see the patient in order to get the information needed for the pre-authorization form, but may not be paid for the visit. For example Evicore, which performs pre-authorization for Regence BSBC of Oregon asks questions regarding quality of pain, duration of pain, improvement since last visit, and intensity of pain. These are questions that can only be answered after seeing and interviewing the patient. The questions in the authorization are answered online or over the phone with Evicore, then the case is either automatically approved (usually for the first 6 visits) or it is sent to medical review which can take days to get a return answer. In the mean time I treat the patient as I see fit. If the authorization is approved, no problem. If not then I will not be paid by the insurance company and the patient is stuck with the bill. The contract with their insurance company says the insurance company will pay for a certain number of visits since they have "Chiropractic Benefits."

I believe it should be left up to the practitioner as to the medical necessity of the patient not some unseen panel who has never seen the patient. I also feel for my patients who pay monthly premiums to have Chiropractic benefits that they may or may not be allowed to use. I have have had authorization denied for patients who are suppose to have 24 visits in a year, but have a maximum approval of 6 only. For this and for other reasons, I have left the insurance companies behind and work hard for my patients' health, not the paper needs of an insurance company.

In short, I hope that you see the draw backs of pre-authorization and support house bill 2778 that will help practitioners like me have more time in the treatment room and less time on hold in a phone tree.

Thank you for your time,

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