elemental medicine
Chiropractic, Acupuncture & Massage

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Attn: Chairman Greenlick and Members of the House Health Committee

I am the co-owner of a small Alternative Care clinic in Southeast Portland. Our office has been in practice for 9 years and in the last few years it has become increasingly difficult, time consuming and disadvantageous to bill insurance companies on behalf of our patients. The presence of Care Core National/eviCore pre-quthorizations has exponentially increased our work while decreasing our reimbursement and the ability of patients to obtain the medical care that they need and that they are paying for. We have no staff to take the extra steps needed to request care and follow up on the process and cannot afford staff to do these things because of the lowering reimbursement rate.

A few of the key barriers to patients receiving care are as follows:

1. The clinical certification process is tedious and not easily completed by anyone other than the provider. The questions regarding objective findings are random and difficult to provide an accurate clinical picture. After the first pre-authorization, the visits granted are always 2 more in 30 days.
2. Complicated patients (which is what I tend to draw to my practice) with significant degeneration often experience exacerbations which then become impossible to treat with the oversight of eviCore. Below is an email that I sent to Vern that provides 2 detailed examples.

   I received 2 identical denials last week. 1 for a patient with severe djd in her neck and low back and another with neck pain causing somatic tinnitus. The first patient's OPS has remained rather constant but her activity levels have gone from 0-1 days of exercise per week to 5+. I hadn't seen her in 2 months and she came in after almost slipping on the ice that we had. EviCore denied her care saying the same, "additional visits would be granted once lasting and significant improvements have been shown" (although she still gets her 2 PT visits per week, which was something I suggested). The second has been suffering since 2014 after a fall and extensive dental work, has been to multiple dental specialists and TMJ PTs to decrease the noise that keeps her awake nightly. We now have the noise down to 2 days a week where it wakes her and she's had days of complete silence. She gets manipulated by an osteopath and I've been doing the manual therapies and exercises. Her osteopath has no issues getting visits, the last PT that she fired was granted 6 visits and 24 units on multiple occassions but I've never managed to get more than 2 visits and 4 units. She was also denied further care due the lack of significant and lasting improvements. Her neck ROM has remained rather constant but her associated symptoms, the ones that really matter to her, are more than significantly improved. The best part is that EviCore granted her 2 visits so that she could get her care transferred to another provider that could help her. Waiting on my peer review phone call this week. Not imagining it's going to change much. And this is for payment that is less than my time of service rates. Not a fan.
3. Policies that are limited to spinal manipulation under their Chiropractic benefits with any other therapies performed that are in our scope of practice falling under their Physical Therapy benefits. Most of the time the deductible applies to PT before insurance payments are made. The deductibles can be as much as $2500, which for a generally healthy patient may never be met in the year.
4. A pool of money supposedly is available for combined alternative benefits that are never close to exhausted due to eviCore limiting the frequency of treatments as well as units of therapies. Last year in September I had a patient with $1375 remaining of her $1500 benefit, for every pre-authorization (after sitting on the computer and filling out the clinical certification form) I would have to call

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eviCore, stay on hold until they contacted Regence to verify that in fact over 90% of her benefits were still available, then be approved for 2 visits and 4 units which I would be reimbursed from Regence approximately $12 per visit.

I would like to request that Regence and or eviCore provide information regarding the average usage in dollar amounts that patients actually utilized in 2016. I imagine it is a small fraction of what Regence paid out for the same services in 2013. The only way Regence could afford to pay for the services of eviCore and still make a profit is for either the providers to get paid less or for the patients to receive less. In this case it is both.

Thank you for your time,

Dr. Carrie Ebling
Chiropractic Physician
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