To the Senate Committee on Health Care,

Thank you for this opportunity to share the impact of working as an IN-Network provider with ASHN, Providence, and MODA.

My name is Zohra Campbell. I've been a licensed Chiropractor in Oregon since 1992. I employ 8 people who rely on the income they receive as employees of my business.

Attached are supportive documents that illuminate the issues my staff faces daily dealing with these corporations. Furthermore, I would like to demonstrate the financial impact to thousands of health care providers and their staffs in the health care industry in Oregon

Here is a sample of the issues we have encountered leading to unresolved claims-processing, denials, and zero reimbursement:

- Delays in claims processing: When a patient comes in we provide an exam, prescribe a treatment plan, and initiate care. At 6 weeks after our first billing which we try to do within the first week following the first patient visit, we receive a letter for EACH CLAIM stating that the claim has been sent to "medical review" for no given reason. This buys the company an additional 3 months of delay time before they are required to pay or deny all or part of the claim (before the EOB). By this time, the patient likely has had a series of treatments as part of their treatment plan, may have a significant balance, and we do not yet know if the insurance will pay or if there will be a problem. Meanwhile, I have paid staff to provide services and maintain office functions.

- Inconsistent Processing/ Incorrect Out-of-Network Designation: Claims for the same patient and the same provider are inconsistently processed, sometimes being treated as in-network and other times as out of-network. Codes that have been previously approved are suddenly denied for no reason and without forewarning of new policies.

(Example Explanation Code: XE1 / Explanation Description: "Provider may choose to balance bill you"). That statement frightens patients/ constituents that there may be a balance owed, and it is blatantly false as we are In-Network and have not changed billing practices.

ASHN is a corporate claim clearing house for Providence, Cigna, and a growing number of Insurance companies. ASHN and Providence do not work together to resolve claims. A denial of "Out of Network" from ASHN refers us to Providence, Providence will then confirm we are "In-Network" and tell us to resubmit our bill to ASHN, the resubmission is again denied by ASHN due to being "Out of Network". This cycle continues endlessly. Requests to elevate this issue do not yield any resolution or reimbursements.

- Unexplained Denials and Retaliation: In September 2025- after expressing my frustration to management at Providence, and encouraging patients to call Providence to seek clarity about their benefits, I received a letter from Providence stating that they would not pay for any of my claims going forward (or any currently in process) without a "pre-payment review of claims". They assigned a compliance officer to my "case" named Sing Tam Lee CPC, CPCO, CDEO, CPMA. In their first review of charts submitted for reimbursement there were 19-line items that they found to deny my claim. Please see my rebuttal to Providence's audit. This effort took hours but clearly states that their denials have no merit- only to be denied subsequently by a second-tier audit that resulted in Providence denying payment on this claim.

ALL of the claims I have submitted for reimbursement since September 1, 2025 have been denied as well as many that were pending prior to this date. While a few of these line items may have merit, it would appear to any independent observer that this is a targeted retaliatory attack.

A phone call record to demonstrate the repeated calls, the persistence required, the challenges my staff faces is attached. As you see, on just one claim, the number of hours of payroll time wasted.

These difficulties result in patient dissatisfaction and decreased trust of our office operations, while costing hundreds if not thousands of dollars in staff hours to manage these billing issues.

Upcoming issues with other insurance companies: MODA/ Regence Blue Cross Blue Shield. I have been a participating provider with this company for years. It has come to my attention, through the Oregon Chiropractic Association, that **they have begun denying payment on services for physical medicine, rehabilitative exercises, and physical therapy modalities (such as ultrasound, massage therapy, stretching, etc.)** (more than one service per idem) for chiropractors. Please see attached Facebook post by the Oregon Chiropractic Association and the letter from Gatti and Gatti- a law firm that is investigating this matter. The board has suggested that we continue to offer these services when needed and wait for future back payment if there is a lawsuit against MODA, but again I am a small businessperson, employing 8 people, with a very narrow profit margin.

Financial Impact to Oregon providers: Providence owes my office >$19,000.00 for claims unpaid in 2024. In 2025 that number rose to $28,700.00.

A quick internet search reveals the following:

In Oregon there are over 1,800 Chiropractic Physicians *according to the Oregon Chiropractic Association (OCA) and market data pointing to around* ***1,258 businesses*** *and over 4,000 employees in the industry in 2025, indicating a robust and growing field with hundreds or potentially thousands of licensed professionals. Further, there are 66 Acupuncturists and 1200 Naturopathic Physicians practicing in Oregon- many of whom have experienced similar billing issues.*

If Providence owes ½ of what they have not paid me to ½ of these chiropractors and other providers in 2025 that would equal >$17, 693,550 million dollars in unpaid claims pocketed by Providence in Oregon alone. I ask you to consider the staff hours, payroll expenses, aggravation, loss of revenue -AND an increasing inability to retain employees that the chiropractic profession and Oregon licensed health care providers are experiencing!

Chiropractors have fought for and won equal access in the healthcare marketplace. Our lobbyist, Vern Saboe, meets regularly with legislators to make sure these protections stay in place. Insurance companies are not allowed to discriminate against any type of provider that is licensed and practicing within the scope of practice guidelines set forth by the licensing board in the State of Oregon. The State of Oregon grants licensure after rigorous exams. Chiropractic students graduate with tens of thousands in student debt. This is unfair treatment of the chiropractic profession, not just me. It is unsustainable, deceitful, and wrong.