

Nature's Way Rehabilitation Services, LLC



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Dear Representative Grenn and/or To Whom It May Concern,

I am a small, private pediatric outpatient therapy business owner and pediatric occupational therapist in Soldotna, AK. My business is Nature's Way Rehab. Services, LLC. Spectrum Medical Billing is contracted to do the billing for my business.

I am in full support of House Bill 313 on behalf of providers and parents/families. Often, the families we work with are having trouble even making ends meet and can't handle therapy bills if the insurance doesn't pick up the bill for some reason or another. I am working with Cigna private insurance right now with one client in particular that I have been seeing for several years and I have been having ongoing difficulties with Cigna paying me for occupational therapy services and then turning around and asking for their money back, even claims up that are two years old. For example, in April of 2016, I received a request from Accent (Cigna's collection company) to refund all the claims between the dates of 6/20/2014 all the way to 1/20/2016; the denial reason was "termination of benefits." After working with Cigna on several phone calls, we were able to resolve that his benefits had not terminated and he was covered so those claims, dating up to 22 months in retrospect, did not have to be repaid.

Here is another example with the same patient and again with Cigna/Accent and this refund request DOES have to be repaid. On November 21, 2017, I received a request from Accent to refund all the claims between the dates of 3/2/2016 to 9/30/2017; the explanation reason was given as: "Therapies allowance incorrect". Also, received on January 6, 2018, was an Accent request asking for a refund dating back to 1/18/2016 (this is going back two full years from the Date of Service) with the explanation reason being: "Therapist allowance incorrect." After several phone calls with various Cigna personnel and different levels of communication, a supervisor was finally able to tell me that the denial reason was because "Cigna does not cover the Autism diagnosis" in those years (they do starting 1/1/18). Now, thankfully, this particular patient also has Tefra/Medicaid funding and after the money is returned to Cigna by my business, then my biller will have to void any secondary payments from Medicaid for the smaller leftover amount from each Date of Service and then re-bill Medicaid the full amount. This entire process is a waste of time and resources at the Medicaid/state level and not to mention for the provider. I also would like to mention that if this family did not have Tefra as a back-up, my business would have to just absorb the cost of this recoupment or send the family to collections; this family is barely making ends meet; they are living in an ex-boyfriend's trailer home with 2 small bedrooms and 3 young children and their single mother is working at Wal-Mart.

On behalf of families and providers, I am in full support of House Bill 313. Thank you for advocating for persons with disabilities and delays and the providers who serve them.

Respectfully,

Angela Beplat, MS, OTR/L

Angela Beplat, Occupational Therapist/Business Owner
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