# APTA Template: Clinician Letter to Legislator RE: Subcontracted Company Causing Issue – Outpatient

Insert the applicable information in brackets and create a letter to mail or email to the Legislator’s office. You may use this letter to contact your state and/or federal representatives.

**REMINDER**: Delete these submission instructions and any other bracketed language below prior to submitting your letter.

# Dear [Senator/Representative NAME]:

I am a resident of [STATE and/or District] and am a licensed [physical therapist/physical therapist assistant]. I am also an enrolled provider of physical therapy services with [PLAN NAME]. [INSERT A PARAGRAPH ABOUT YOURSELF, THE PHYSICAL THERAPIST SERVICES YOU PROVIDE, YOUR PRACTICE SETTING, AND THE PATIENTS YOU SERVE.

I am writing to request assistance to address a problematic issue I have been having with [PLAN NAME]. Under [STATE] law, [PLAN NAME] is accountable for providing access to care for their enrollees. However, [PLAN NAME] has recently implemented practices that make receipt of outpatient physical therapy services difficult if not virtually impossible for plan enrollees, even those who are in critical need of care.

[PLAN NAME] has recently begun using [UM VENDOR] to manage the utilization of the outpatient physical therapy benefit administered by [PLAN NAME]. Since [UM VENDOR] began managing the utilization of outpatient physical therapy services, [(INSERT: Tell your story about the difficulties you have experienced including: significant delays in getting approval for benefits, improperly denied benefits, been approved for an inappropriate amount of visits, delays or denial of payment etc.]

While I understand that [PLAN NAME] may make reasonable efforts to ensure appropriate utilization of services, the [UM VENDOR]’s utilization management program is pervasively flawed, fraught with problems, and fails to put the patients’ needs at the forefront of care. By inhibiting the delivery of seamless medically necessary care, [PLAN NAME AND UM VENDOR] are putting enrollees’ health at risk while also causing detrimental harm to the integrity of the health insurance marketplace, leading to greater downstream medical costs and poor outcomes. Further, I am exceedingly distraught that due to mismanagement of the utilization management program, I will be unable to continue to deliver care to [PLAN NAME] enrollees in my community.

I respectfully request that your office contact [STATE]’s Department of Insurance, [PLAN NAME], and the [UM VENDOR] to ascertain why the [UM VENDOR] program is improperly denying enrollee access to medically necessary services, and to encourage the timely development of appropriate solutions to address the numerous issues at hand.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions or would like to discuss in further detail.

[NAME

ADDRESS

TELEPHONE

EMAIL]