



MASSAGE THERAPY ASSOCIATION

ADVOCATE FOR MASSAGE THERAPY AS A RECOGNIZED AND RESPECTED HEALTHCARE PROFESSION

**Date:** February 25, 2023

**To:** Office of the Insurance Commissioner - Mike Kreidler, Commissioner; Jennifer Kreidler, Manager, Provider Network Oversight; Jeanette Plitt, Chief Market Conduct Examiner

House Health Care and Wellness Committee - Marcus Riccelli, Chair; Jessica Bateman, Vice Chair; Joe Schmick; Spencer Hutchins; Stephanie Barnard; Dan Bronoske; Lauren Davis; Jenny Graham; Paul Harris; Nicole Macri; Jacquelin Maycumber; Gina Mosbrucker; Tina Orwall; Tarra Simmons; Monica Jurado Stonier; My-Linh Thai and; Steve Tharinger

Senate Health and Long Term Care Committee - Annette Cleveland, Chair; June Robinson, Vice Chair; Ann Rivers; Ron Muzzall; Steve Conway; Manka Dhingra; Jeff Holy; Mike Padden; Emily Randall and; Kevin Van De Wege

**From:** Julie Johnson, LMT, WSMTA Clinical Practices Committee Member, ([jjohnson@mywsmta.org](mailto:jjohnson@mywsmta.org))  
Susan Rosen, LMT, WSMTA Clinical Practices Committee Director ([srosen@mywsmta.org](mailto:srosen@mywsmta.org))

**Re:** WSMTA Insurance Directory Audit, November 2022

---

The Washington State Massage Therapists Association (WSMTA) is a professional, all volunteer-run organization working on issues and challenges specific to the Licensed Massage Therapist (LMT) in Washington State. One thing that sets LMTs in Washington State apart from other LMTs around the nation is our classification as Healthcare Providers, governed by the Department of Health. As professionally licensed healthcare providers, we are included under the “Every Category of Provider” law. Under this law, “Health plans must maintain adequate networks containing every category of licensed medical providers.” – WA Insurance Commissioner website.

For many years, the WSMTA has been hearing complaints from both our members and our own patients that finding LMTs within their insurance networks is impossible, the directories are inaccurate, and they are unable to find timely care (or any care) for their conditions by an LMT. Clients reported they had called everyone on the directory list within a reasonable distance without success or a long wait. LMTs, interested in applying for In-network credentialing in their region, have also reviewed the directories with much of the same result. Confusion abounds as to why they are being told by the insurers the networks are full and closed to new massage therapists. In-Network LMTs have also reported inaccuracies within the directories after they have tried many times to have them changed, including not being removed from the directories after canceling their provider contracts.

WSMTA’s Clinical Practices Committee decided to conduct our own survey of the directories with a group of volunteer LMTs to be performed over one month’s time. Due to logistics and avoiding any cost, the survey was limited to one Insurance company, Regence. We are aware from LMTs and clients that the same issue exists with other insurance companies. It is our hope to learn from our initial survey, improve our process and efforts to reach out to LMTs in other directories and recruit more volunteers for those efforts. Our survey was conducted in November of 2022 with seventeen volunteers. Each volunteer was provided a printed list of 100 directory listings in regions all over the state. Areas represented were Bellingham, Everett, Seattle, Bellevue, Bremerton,

Vancouver, Tacoma, Olympia, Yakima, Ellensburg, Spokane, Wenatchee, Tri-Cities and their outlying areas. Each volunteer reached out to as many listed practitioners they could with the amount of time they were able to give to this volunteer effort in one month.

Our volunteers ended up calling 1078 listings in the Regence directory. Of that number, 459 did not pick up, return our calls or had bad phone numbers. We were able to contact 619 practitioners or office representatives in the listings. Many of the contacts made were with receptionists or office managers in the clinics, not directly with the massage therapist named in the listing.

### **Inaccurate Listings**

Of the 1078 listings contacted, 45 had disconnected phone lines. Of the 619 practitioners contacted, incorrect information included:

- 117 retired, quit or no longer offering massage therapy
- 89 no longer taking insurance
- 16 old addresses, company names or incorrect designation as assessable

There were a few chiropractors, doctors and some mental health counselors listed under massage therapy who did not offer any massage therapy services. Some did not know why they were listed under massage therapy in the directory while others lost massage therapist employees and were unable to hire new ones. Many complained that their efforts to update their directory listings have been unsuccessful, some had successfully canceled contracts, but their directory listings remained, some were unsure if efforts had been made by employers to update listings and others simply made no efforts to update directories or cancel their contracts.

### **Duplicate Listings**

Of the 1078 listings we reviewed, there were many duplicate listings. These numbers are not reflected in the inaccurate listings count above because single LMTs may be working at multiple locations. This count includes practitioners who were listed under their personal name and under their clinic name, practitioners who worked for multiple employers or clinics with multiple locations and had every practitioner listed for every location. Our findings were as follows:

- 75 listings were listed 2 times
- 13 listed 3 times
- 5 listed 4 times
- 6 listed 5 times
- 1 listed 8 times

That's 100 practitioners who are being counted as 247 individual listings in the directories. Does this mean, when considering network adequacy, that an additional 147 individual LMTs are being counted to provide full time care? We are concerned because the process and formula for calculating network adequacy is not being shared publicly by the OIC. Duplicate listings may be leading to a significant inflation of the number of practitioners thought to be accepting insurance when they are only one individual with only so many hours in a week to treat.

### **Summary**

We contacted or reviewed 1078 listings and confirmed that 443 were not accurate or duplicate listings.

Highlights include:

- 251 practitioners are no longer accepting insurance or no longer practicing
- 45 disconnected phone numbers
- 147 directory listings were duplicates, not separate, individual practitioners

We were only able to confirm 176 individual licensed massage therapists out of 1078 listings taking Regence Insurance in November of 2022. We were unable to contact or confirm any information for 414 listings.

## Availability

In addition to questions about accuracy of the directory, we asked a few additional questions we felt were relevant to having enough massage therapists credentialed with insurers. One question asked was "how far out they were booking new patients?" We had 284 responses.

- 82 were out 1-2 weeks
- 86 were out 3-4 weeks
- 33 were out 5-6 weeks
- 33 were out 7-8 weeks
- 50 were out 9 weeks or more

The question is relevant because at what point is a provider no longer available to accept new patients? Massage therapy treatment is typically a reimbursed benefit for "medically necessary" rehabilitative care. This is primarily for acute injury like sprain/strain, tendinitis, post-surgical rehab, etc. To be most effective, care of this type should begin within a month to 6 weeks post-injury or surgery (depending on surgery) to facilitate better healing and receive, on average, weekly treatments to get people back to work/life or support other modalities like Physical Therapy and surgery recovery.

→ Out of 284 LMTs listed in the directory, 83 are booking more than 6 weeks out. It begs the question, do we really have enough massage therapists to provide necessary, timely care for patients in need?

## Hands-On/Billable Hours

After reviewing multiple informal surveys of the number of hands-on (or billable) hours a massage therapist works, the average full time LMT seems to be working 22-25 hands-on/billable hours a week. Some work less than 10 hrs/wk while others are taking on as many as 30 hours. Many massage therapists maintain part-time practices. These hours do not include activities like charting, cleaning and other admin work, but the point being, no LMT is directly working with patients 40 hours a week. The difference in hours can be accounted for by the variety and type of massage modalities practiced, with some being more physically demanding than others. If there are assumptions by insurance companies and the OIC that LMTs are treating patients for a full 40 hours a week (or even 30), there may be a significant inflation of availability each LMT has for treatment. Is any of this being considered when calculating "network adequacy" for massage therapy practitioners?

## Conclusion

We are encouraged with the recent passage of the Consolidated Appropriations Act (CAA) that accurate information on provider networks will be improved for both massage therapists and our patients and we recognize this audit was performed prior to the CAA going into full effect. However, there are several issues the CAA will not fix based on our feedback from LMTs in our audit.

- Contacting insurers was often difficult when there was a problem and they often gave up when changes didn't occur.
- The inability to directly connect with Regence Provider Services complicates this process due to the convoluted, user-unfriendly credentialing/re-credentialing process through OneHealthport/Provider Source, even to simply add a therapist to a Clinic contract.
- Feedback and status from insurers or their third parties on updates and changes is never given.

This problem seems most acute for LMTs who have not renewed their contracts and we are encouraged that the insurer will be required to update the directories when contracts are terminated. With our findings of 251 LMT providers on the directory no longer accepting insurance or working, the new guidelines from CAA will create processes to catch these inaccuracies. We do have a remaining concern about duplicate listings and how that inflates the numbers of actual providers available on the network, since there is no specific language in the CAA addressing this issue.

We are hopeful our efforts to audit the directories will also address the issue of network adequacy. Based on our findings, we are very concerned that there are not enough LMTs in-network to provide adequate and timely care

to the people of Washington State. When we can only confirm 176 individual LMTs out of 1078 listings are actively taking insurance, we find this concerning. The question of availability looms large in this discussion. When 1/5 of the LMTs are booking more than 2 months out, can continuous and timely rehabilitative care be provided? Is the network adequate? Finally, when considering network adequacy, is the number of hours the average LMT works a week being considered?

WSMTA would like to be an active participant in resolving these issues with the OIC and the insurers in this state. Our motivation is to advance massage therapy in medical practice and make it more accessible to patients in need of our care, especially those in need of alternatives to opiates to manage acute and chronic pain. Our board and committee volunteers stand ready to offer information and assistance, as well as calls to action from our members and non-members throughout the state. As part of this exercise, we will be reaching out to our members to inform them of CAA and their ongoing responsibilities to submit timely updates to the directories, as well as the results of our audit.

Thank you.

The WSMTA Clinical Practices Team