Exhibit "2"

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Sent via email: wcd.policy@dcbs.oregon.gov
Attn: Marie Rogers
Workers' Compensation Division
350 Winter Street NE
PO Box 14480
Salem, OR 97309-0405

To Whom It May Concern:

I am writing to provide comment on the proposed amended medical services rule 0230 regarding preauthorizations. My practice is entirely focused on representing injured workers in Oregon. I offer my comments from my perspective as a representative of injured workers for the past 19 years.

I appreciate the efforts of those involved in the rulemaking and review process. Thank you. However, I have concerns with the proposed rule. Please consider a revision to the rule or retraction of the rule for additional revision after comment.

First, it is my understanding that the need for the preauthorization rulemaking came about as a call for help from many stakeholders, but namely from providers who want to be able to assist injured workers in their diagnosis, treatment and recovery from work-related injuries. The providers are finding the ability to effectively and efficiently treat injured workers to be considerably obstructed for lack of a process to obtain preauthorization for many desired medical services.

I often hear providers and injured workers complain of a significantly delayed or complete lack of response to requests for preauthorization for medical services from insurers.

The preauthorization rule should provide a clear and unambiguous method for obtaining a preauthorization decision, when requested by a provider. Any provider who is authorized to treat injured workers should be able to request preauthorization from the insurer for any medical services they feel need to be provided to diagnose and/or treat the injury.

A request for preauthorization is a request for confirmation of payment. The proposed rule currently states that the preauthorization is not confirmation of payment. If it is not confirmation of payment, then how helpful is it to the providers and the injured worker?

Moreover, the rule should mirror the procedure and time allowed for Insurer response to elective surgery requests. The Insurer should respond in 7 days, rather than 14 so that the rules align. Aligning the rules would make implementation of the rule clear to all involved. Similarly, the Insurer should be barred from contesting reasonableness should they fail to respond to the provider's preauthorization request.

It is well within the rights of injured workers to be able to treat and diagnose their conditions. Further work is needed to perfect the wording of the preauthorization rule to create a clear framework for preauthorization requests.

Thank you for your consideration.

Respectfully,

Andrea K. Knight