

BRUYNS Fred H * DCBS

From: pfrlabs <pfrlabs@yahoo.com>
Sent: Friday, January 14, 2022 8:52 AM
To: BRUYNS Fred H * DCBS
Subject: Re: Proposed workers' compensation rules posted: OAR 436-009 and 010

That being the case, it would be zero burdens on MCOs to include PAs in the rule, it would assure continuation of inclusion in the future and abate our concerns. This decision does neither, but I appreciate the opportunity to be heard.

From Ben Johnson

On Jan 14, 2022, at 7:57 AM, BRUYNS Fred H * DCBS <Fred.H.BRUYNS@dcbs.oregon.gov> wrote:

Good morning Ben,

After considering the committee members' input and doing some research, we decided not to propose to require MCOs to include PAs on their panels. Although PAs will be able to operate more independently under collaborative practice agreements, there are still questions about how an MCO could add a PA to a panel without including others who are parties to the collaborative practice agreements. We looked into current MCO panel composition and found that in every geographic service area except one, all of the certified MCOs have at least three PAs on panel currently. One MCO operating in a more rural part of the state has just two PAs on its panel there. The reason we looked at who had three or more PAs is because for the required provider categories in our rules, if an MCO cannot offer at least three choices in the category, the worker may be able to seek treatment outside the MCO. The data shows that MCOs value the services of PAs, given that they are not required to include them on their panels currently, but consistently do so.

Thank you for contacting me today. Please let me know if you have questions, and please copy Juerg Kunz and Stan Fields (who are on this distribution), our medical policy analyst and managed care specialist respectively.

Sincerely,

Fred Bruyns, policy analyst/rules coordinator
Department of Consumer and Business Services
Workers' Compensation Division
971-286-0316; fax 503-947-7514
Email: fred.h.bruyns@dcbs.oregon.gov



Department of Consumer
and Business Services

From: pfrlabs <pfrlabs@yahoo.com>
Sent: Thursday, January 13, 2022 7:16 PM
To: BRUYNS Fred H * DCBS <Fred.H.BRUYNS@dcbs.oregon.gov>
Subject: Re: Proposed workers' compensation rules posted: OAR 436-009 and 010

Fred, I am not seeing anything about the issue on PAs and MCO's. Am I missing it?

From Ben Johnson

On Jan 13, 2022, at 4:09 PM, BRUYNS Fred H * DCBS
<Fred.H.BRUYNS@dcbs.oregon.gov> wrote:

Regarding: Workers' compensation medical fees and payments, medical services, and interpreter services

To: Rulemaking Advisory Committee members; Medical Advisory Committee Members; Management-Labor Advisory Committee members; other interested people

Hello,

The Workers' Compensation Division has published proposed amendments to:

- [OAR 436-009, Oregon Medical Fee and Payment; and](#)
- [OAR 436-010, Medical Services.](#)

Written testimony will be posted here as we receive it:
<https://wcd.oregon.gov/laws/Pages/proposed-rules.aspx>.

A virtual public rulemaking hearing is scheduled for Feb 15, 2022, 9 a.m. The closing date for written testimony is Feb. 21, 2022.

To connect to the hearing, click:
<https://www.zoomgov.com/j/1615336005?pwd=UFVWMkxCZWFPYlFhNkVZd21HZjhLUT09>

Meeting ID: 161 533 6005 | Passcode: 094015
Dial in: 833 568 8864 US Toll-free | Meeting ID: 161 533 6005

A summary of proposed rule changes is available at the bottom of this message.

Please let me know if you have questions.

Thank you!

Fred Bruyns, policy analyst/rules coordinator
Department of Consumer and Business Services
Workers' Compensation Division
971-286-0316; fax 503-947-7514
Email: fred.h.bruyns@dcbs.oregon.gov



Summary of proposed changes to OAR 436-009, Oregon Medical Fee and Payment:

- Amended rule 0004:
 - Adopts, by reference, new medical billing codes and related references; and
 - Adopts, in rule or by reference, CPT[®] codes and descriptors published by the American Medical Association.
- Amended rule 0005 defines “Legal holidays” as holidays listed in ORS 187.010 and 187.020.
- Amended rule 0010 has updated references to CPT[®] 2022.
- Amended rule 0012 has an updated reference to CPT[®] 2022.
- Amended rule 0020 clarifies requirements for payment of out-of-state hospitals for outpatient services.
- Amended rule 0023’s ambulatory surgery center fee schedules, Appendices C and D, include new billing codes for 2022; some maximum payment amounts are higher or lower, but overall reimbursement is not projected to change.
- Amended rule 0025 clarifies requirement for written explanation of what is a timely response by the insurer or representative to a worker’s question about reimbursement of out-of-pocket expenses.
- Amended rule 0030:
 - Clarifies requirement for written explanation of what is a timely response by the insurer or representative to a medical provider’s payment question; and
 - Clarifies requirement for timely response by the insurer or representative to a medical provider’s payment question.
- Amended rule 0040’s physician fee schedule, Appendix B, includes new billing codes for 2022; some maximum payment amounts are higher or lower, but overall reimbursement is not projected to change.
- Amended rule 0060:
 - Revises Oregon Specific Code (OSC) R0002, “Copies of medical records electronically,” to include that records may be provided on certain electronic media, uploaded to an insurer’s secure website, or sent using secure email or e-fax; and

- Clarifies requirements for billing for director-required medical exams or records review; OSC P0001 will be used to bill for an exam; new OSC P0002 will be used for record review; P0001 and P0002 are limited to six hours combined; OSC P0004, “Director required review - complex case fee,” is clarified that it is a one-time, flat fee pre-authorized by the director for an extensive review in a complex case; OSC P0005, “Director-required exam – failure to appeal,” is deleted.
- Amended rule 0080’s durable medical equipment, prosthetics, orthotics, and supplies fee schedule, Appendix E, increases maximum allowable payments by approximately \$250,365 per year, or 2 percent.
- Amended rule 0110:
 - Increases maximum allowable payments for interpreter services and no-show fees by an average of 8.4 percent. This increase is projected to raise the maximum allowable payments to interpreters by approximately \$212,350 per year;
 - Requires insurers to retain interpreters’ bills if the bill or chart note for the corresponding medical appointment has not been received;
 - Clarifies requirement for written explanation of what is a timely response by the insurer or representative to an interpreter’s payment question; and
 - Clarifies requirement for timely response by the insurer or representative to an interpreter’s payment question.

Summary of proposed changes to OAR 436-010, Medical Services:

- Amended rule 0241 defines legal holidays as the holidays listed in ORS 187.010 and 187.020.