

BRUYNS Fred H * DCBS

From: Russell, Dolores : MHN CEO <DRR@LHS.ORG>
Sent: Wednesday, November 22, 2017 11:04 AM
To: BRUYNS Fred H * DCBS
Cc: FIELDS Stanley * DCBS
Subject: CareMark Comp MCO Written Testimony for the Rulemaking advisory committee meeting on November 27, 2017

A representative of CareMark Comp MCO is not able to attend the Rulemaking advisory committee meeting regarding OAR 436-009, 436-010, 436-015 on November 27, 2017. By way of this email correspondence, CareMark Comp offers written testimony on those Issues of import to CareMark Comp.

Issue # Standing, no page number, **Rule: OAR 436-009-004 and Appendices B – E (Temporary rule, effective January 1, 2018)**: CMC supports a temporary rule, effective 1/1/2018, to adopt new CPT codes for 2018. CMC supports that WCD assign maximum payment amounts to new CPT and HCPCS codes in Appendices B – E, where possible. We expect this to be a benefit to providers in that insurers covering their non-workers compensation patients generally make such changes in their fee schedules effective with the start of the new calendar year.

Issue # Standing, Page 2, **Rule: OAR 436-009-0004 and Appendices B through E (permanent rules, effective April 1, 2018)**: CMC supports adoption of updated references listed in OAR 436-009-0004(1) – (9) and update appendices B through E using more current CMC spreadsheets and updated WCD conversion factors.

Issue # 1394, Page 3, **Rule: OAR 436-009-0005, 436-010-0005, 436-015-0005**: CMC agrees that a consistent definition of “good cause,” as proposed in the first bulleted Option, should be added to rule 005 of divisions 009, 010, and 015.

Issue # 1276, Page 4 - 5, **Rule: OAR 436-009-0008(2)(b), 436-010-0008(2)(a), 436-015-0008(2)(a)**: CMC supports adoption of the new language proposed in the two sub-bulleted items of the first bulleted Option, that will permit more time for submission of an appeal to the MCO of its determination regarding an MCO-enrolled claim when the appeal was misdirected to the division instead of the MCO.

Issue # 1282, Page 6 – 7, **Rule: OAR 436-009-0008(2)(c), 436-010-0008(2)(a), 436-015-0008(2)(b)**: CMC supports adoption of new language proposed in the first bulleted Option, that the 60-day time frame to appeal a final MCO decision to the director begins when the MCO issues its final decision to the attorney on a dispute of an MCO determination.

Issue # 1393, Page 21, **Rule: OAR 436-010-0270(4)**: CMC enthusiastically supports the adoption of new OAR 436-010-0270(4)(d) proposed in the first bulleted Option, such that enrolling the worker in an MCO, if the insurer is notified of a change to a worker’s name, address, or phone number, or that the worker is represented by an attorney, the insurer must inform the MCO of the change within seven days.

Issue # 1270, Page 25 – 26, **Rule: OAR 436-015**: CMC enthusiastically supports the recommendation of WCD that, in light of the fact that the median decision times for the MCOs to issue the decision on requests for medical necessity approval of elective surgery, were 4 days to approve elective surgery requests and 9 days to disapprove elective surgery requests in 2016, timelines similar to those listed in OAR 436-010-0250 should not be imposed upon the MCOs; this is to say, there should be no change to OAR 436-015 in this regard.

Issue # 1399 (Housekeeping), Page 27 – 28, **Rule: OAR 436-009 and 010, Appendix A**: CMC supports the inclusion of proposed language into Appendix A – Matrix for health care provider types*, pertaining to authorization of time loss by ER physicians, to make it consistent with the language of OAR 436-010-0210(3).

CareMark Comp has no comments to make on the other Issues detailed in the Agenda for the Nov. 27, 2017 Rulemaking advisory committee meeting.

<http://wcd.oregon.gov/laws/Documents/rule-meetings/2017/2017-11-27-009-010-015/Agenda-RAC-2017-11-07.pdf>.

Thank you for inviting input from CareMark Comp MCO.

Dolores Russell
MHN/CareMark Comp President/CEO