

November 26, 2025

Sent via email: marie.a.rogers@dcbs.oregon.gov

Dear Rulemaking Advisory Committee,

Providence MCO appreciates the opportunity to provide the following comments in response to the November 18, 2025 Rulemaking Advisory Committee meeting:

Rule: OAR 436-010 and 436-015 Issue: There is no standardized process for submitting requests for pre-authorization of medical services.

A suggested option was to create a new form that providers must use if they wish to request preauthorization of medical services.

Providence MCO does not support using a single universal form for both MCOs and non-MCOs as proposed. The MCO's focus on medical necessity and appropriateness for treatment, while insurers have limited authority in these areas. MCO forms are designed to gather the specific information needed for clinical reviewers to make informed decisions. Using one form for both could create confusion. Maintaining clear distinctions between MCO and insurer responsibilities leads to better outcomes.

Rule: OAR 436-010-0280 Issue: MCOs are allowed to grant full length attending physician (AP) status to physician associates (PAs), i.e., permit them to be AP for the life of the claim. Similarly, MCOs may allow authorized nurse practitioners (ANPs) to treat workers for the life of the claim. However, under OAR 436-010-0280(1) MCOs may not allow PAs and ANPs to make findings of impairment.

Providence MCO supports the option of allowing the NP/PA's to determine findings of impairment. However, this should be left to the discretion of the provider.

Amend OAR 436-009-0037(3)(e)(A) to allow workers, upon being enrolled in an MCO, to continue to treat with the current medical service providers for at least 30 (or 45?) days after the mailing date of the notice of enrollment, rather than the current 14 days.



MCO supports no change to the 14 days as currently set up. MCO works with injured workers to find providers. It is our understanding that the rule does not indicate the appointment has to be within the 14 days. MCO supports continuation of the 14 days with no change to prevent injured workers staying in limbo for 45 days. If injured worker cannot establish care within the 14 days, MCO will continue to work with worker and keep the adjuster apprised of development to avoid any delays of benefits due to worker.

Rule: OAR 436-015-0110 and 436-015-0008

Background: • OAR 436-015-0110(6) provides that the time frame for resolution of the dispute by the MCO may be up to 60 days from the date the MCO receives the dispute to the date it issues its final decision. • An aggrieved party may then request administrative review by the director within 60 days of the date the MCO issues a final decision. OAR 436-015-0008(1)(b). • Reducing the timeframes listed in OAR 436-015-0008(1)(b) and OAR 436-015-0110(6) from 60 to 30 days could reduce treatment delay by up to 60 days.

Providence MCO supports no change and to keep the 60 days. As mentioned by other parties already it is critical to balance the desire for speed with the need for a quality review. The MRT must have all relevant information to make an informed decision.

Thank you for considering our comments.

Sincerely,

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