



January 10, 2012

To: Director Goldberg, Staff and Members of the Oregon Health Policy Board

Cc: Governor Kitzhaber

Re: Ensuring patient access to quality care

Thank you for the work that you have all invested in transforming Oregon's broken health care system into a new model of Coordinated Care Organizations. We believe, like many of you, that the work Oregon is doing has the potential to be a model for the rest of the country.

The Oregon Health Authority's draft CCO proposal is the beginning blueprint for what will eventually be used to solicit applications from those entities hoping to become a CCO. By design, the draft CCO proposal is intentionally vague in many areas, in order to allow CCOs flexibility to meet their local community's needs.

But one current problem in our existing Medicaid system that has not been addressed in the new draft CCO plan is on the subject of the relationship between CCO's and provider types:

1. How CCO's are responsible for enlisting and credentialing all licensed provider types, and using their skills to the top of their license
2. How CCO's will credential, cover, and compensate all licensed providers to the top of their license
3. How CCO's will not discriminate against provider types in credentialing, compensation or coverage
4. How CCO's will strive to provide patient continuity of care with their existing provider of choice during this transition and beyond
5. How CCO's will be responsible for helping to expand the pool of primary care practitioners rather than erecting barriers for PCPs to serve.

The lack of specificity in defining eligible provider types and their relationships with CCOs could lead to unintended consequences that could severely undermine the state's goals.

In order for CCO's to truly be transformative, we believe the Oregon Health Authority must include the following into the CCO criteria for applications, as well as in administrative rule.

1. Require the new CCO's to take reasonable measures to ensure that OHP patients have access to and coverage for their existing primary care physician of choice.

With the OHA's stated intent to channel OHP Open Card (Fee-For-Service) patients into the new CCOs, thousands of FFS patients who currently see a naturopathic physician for primary care may be forced to find a new doctor that is covered by the CCO (amongst a small and diminishing pool of conventional doctors willing to accept OHP). This will interrupt continuity of care, force them into a provider type that is not their choice, and potentially decrease quality of care.

Thousands of OHP FFS patients currently see a naturopathic physician for either primary or specialty care. This is grace of ORS 685.055 – a non-discrimination clause that prohibits the Director of the Oregon Health Authority from discriminating against naturopathic physicians. Because FFS patient claims are administered directly through DMAP, it adheres to ORS 685.055 and DMAP credentials and covers NDs as primary care physicians on a par with MDs or DOs.

But this non-discrimination does not extend to any subcontracts of the OHA. There is nothing in statute or the OHA's subcontracts with MCOs that specifically binds MCOs to this non-discrimination language. As a result, MCO's almost categorically refuse to credential naturopathic physicians – despite a shortage of primary care doctors and despite consumer demand.

We can expect the same behavior from CCOs, unless the OHA requires the CCOs to take reasonable steps to credential and cover, as primary care physicians, the naturopathic physicians currently serving in this capacity through DMAP.

2. Add a definition of primary care that includes all licensed providers working to the top of their scope.

Any provider licensed to perform a service within their lawful scope of practice should be an eligible provider in the new system. The public is certainly demanding coverage for all provider types, as witnessed by the OHA's public comment opportunities.

But again, if definitions of eligible primary care providers are left to the discretion of the CCOs, history has shown that insurers across the board traditionally discriminate against NDs, NPs, and PAs in coverage, compensation, or both.

Naturopathic physicians have had managed care organizations tell us that they are "philosophically opposed" to naturopathic medicine, or that they are "MD-owned" and therefore won't credential other provider-types. These are not policies that allow patients access to quality care of their choice, that help to expand the pool of primary care providers, or that lead to "innovative transformation."

The OHA must add a definition to the CCO criteria that includes all providers licensed to perform the services covered by the CCO, including (but not limited to): Medical Doctors (MDs), Doctors of Osteopathy (DOs), Naturopathic Doctors (NDs), Nurse Practitioners (NPs), and Physician Assistants (PAs).

3. Add non-discrimination language to ensure that all licensed providers in Oregon are utilized to the top of their license.

While some think there is already non-discrimination language that will prevent CCOs from categorically excluding license types, that language has not worked and cannot be relied upon as sufficient.

The existing non-discrimination statute (ORS 685.055) referenced above does not extend to subcontracts with the OHA.

Currently,

- NDs can be credentialed by DMAP (Department of Medical Assistance Programs) to be a PCP for OHP patients
- But only about 148,000 OHP patients have their claims managed by DMAP (they have an "OPEN CARD" or are called "fee-for-service" clients)
- The vast majority of OHP patients are channeled into a managed care organization (MCO) for their healthcare and claims
- MCO's almost categorically refuse to credential NDs, for reasons ranging from "the state doesn't allow us," (patently false), to those arguments already listed above. Obviously, none of these are good or valid public health reasons.

Some have also referenced the federal Medicaid non-discrimination language, which is also insufficient. "Medicaid Law 42 CFR 438.12, Sec. 438.12 Provider Discrimination" poses several problems for Oregon:

- The Medicaid law would only extend to Medicaid recipients, and would not offer non-discrimination protection when the state expands the CCOs to PEBB/OEBB workers or to any other market.
- Federal laws such as this often point to definitions of providers that do not include the many non-traditional providers licensed in Oregon. For example, naturopathic physicians are not recognized by Medicare, or the Social Security Act – yet are licensed as primary care providers in the state of Oregon. This could lead to exclusions and enormous loopholes in preventing discrimination against licensed Oregon providers.

To summarize, Oregon's Triple Aim goals fit squarely within the six timeless principles of naturopathic medicine:

1. Let Nature Heal
2. Identify and Treat the Cause
3. First, Do No Harm
4. Educate Patients
5. Treat the Whole Person
6. Prevent Illness

We, as a profession, are committed to helping the state achieve these goals. We ask for your commitment in establishing the systemic foundation to ensure that Oregon maximizes its unique opportunity to tap into all of its resources by implementing these changes to the CCO criteria.