

VanWinkle Theresa A

From: Flood Jennifer R
Sent: Wednesday, February 12, 2014 5:41 PM
To: VanWinkle Theresa A; Shilts John L; Filsinger Cara L
Cc: REP Holvey; NORDLUND Jan
Subject: HB 4104-2

Theresa – I will not be attending MLAC on Friday, but would like to share OIW’s understanding and thoughts on the worker’s perspective... and the impact this issue has on them and their family.

At the meeting, please distribute to the participants as ‘comments from the Ombudsman’. Please let me know if you have questions or concerns. Thank you!

HB4104-2 – Interim medical benefits – from the worker’s perspective...

1. Current law - only specified treatment is included in “interim medical”. This HB expands the treatment to include all treatment related to the claim prior to the WC accept/deny decision.
2. Current law and the HB do not REQUIRE any party to PAY, prior to the WC accept/deny decision.
3. HB 4104-2 requires health benefit plan to provide medical provider preauthorization/guarantee of coverage for services provided prior to WC accept/deny -- within the plan terms.

Currently – if a rotator cuff tear is diagnosed, but the WC accept/deny decision has not yet been made... the medical provider is often told by the health benefit plan that they will not review (preauthorize) the needed surgery until the WC claim is actually DENIED. This creates a delay in treatment... delay in recovery... delay in return-to-work... and at times, the loss of the health insurance because they have not been able to work.

HB4104-2 ensures that – with preauthorization, the medical provider can proceed with the knowledge that the services will be paid for AFTER the WC decision is made... either by the WC insurer, or the health benefit plan. Timely treatment... quicker recovery... less time on pain medication!... and quicker return-to-work - which enables continued health benefit plan.

4. HB 4104-2 ensures that IF payments are made (although not required) by the health benefit plan and/or worker, PRIOR to the WC accept/deny decision... AND the WC claim is accepted... the WC insurer will reimburse the parties.

5. HB 4104-2 makes no changes to the provision that when the WC claim is DENIED, if the health benefit plan made payment prior to the WC denial and there's a remaining balance between the health benefit plan payment and the WC fee schedule... the WC Insurer will pay the provider the difference.

-Jennifer

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