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Testimony Regarding HB 2424
Submitted by Majoris Health Systems Oregon, Inc.
January 11, 2019 Management-Labor Advisory Committee

Dear Madame Chairs and members of the Committee,

Thank you for the opportunity to submit testimony in opposition of the proposed revisions to the "come along" provision presented in HB 2424. I work for Majoris Health Systems Oregon, Inc. as the Director of Provider Relations & Administration, and in that capacity would like to submit several concerns we have identified regarding the proposed changes.

Concern: There is a complete lack of statistical evidence to support how widespread the issue is.

It is not prudent to make changes to law based on anecdotal experience alone, and to our knowledge, no statistical information quantifying or validating the presented issue has been submitted. Majoris does not support making any legislative changes without first quantifying the magnitude of the issue and confirming it is of a level significant enough to support a change to law.

Concern: Opening the come-along provision to include ancillary chiropractic care undermines the benefit of the MCO.

The purpose of an MCO as outlined in the statues is to "ensure appropriate treatment or to prevent inappropriate or excessive treatment, to exclude from participation in the plan those individuals who violate these treatment standards and to provide for the resolution of such medical disputes as the director considers appropriate." [ORS 656.260(4)(d)]. One of the key methods an MCO utilizes to meet this obligation is its ability to be selective in the providers it contracts with. This allows the MCO to build and maintain a provider network with fully vetted providers who have been educated on how to effectively navigate the workers' compensation system.

Majoris subjects its paneled providers to rigorous credentialing to confirm they meet our standards, and invests resources and energy into provider education. This facilitates the delivery of timely, quality care for our enrolled workers, directing them to a set of providers best suited to treat their work injury. In addition, this rewards those providers who have made a commitment to invest resources into the treatment of workers' compensation patients, and incentivizes them to work collaboratively with the MCO and within the system in general.

The proposed changes weaken the MCO's ability to be selective in the providers it works with in the delivery of care to injured workers, and lessens the reward and incentive for our contracted providers.

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Concern: Opening the come-along provision to include ancillary chiropractic care will create bottlenecks to patient care.

Currently, the process of establishing care with an in-network chiropractor for ongoing ancillary care begins immediately after enrollment (assuming it continues to be prescribed by the Attending Physician). However, if the MCO is required to first verify whether an off-panel chiropractor qualifies for an ancillary come-along privilege, verify licensure and certifications, and obtain a signed agreement from the chiropractor, care will be in limbo while paperwork is completed. In some cases, the off-panel chiropractor may not be willing to continue treatment until receiving official authorization, and the worker will be left waiting on the sidelines rather than pursuing care. In some cases, the chiropractor will not qualify, or will refuse to sign the agreement, and the additional wait will have simply delayed the process of getting the injured worker into an in-network chiropractor.

Building in a delay to determine whether a chiropractor qualifies to continue providing ancillary care does not seem to provide any value-add for an injured worker's care, and in some cases could be detrimental to patient care.

Concern: The proposed changes are focused on chiropractors' access to patients, not patients' access to quality care.

To date, the issue presented has been defined as a chiropractor being unable to continue treating a patient, and not as an issue of patients gaining timely access to quality care. There has been no data presented to suggest that requiring an injured worker to seek ancillary care from an MCO provider creates any medical detriment to the patient.

In addition, there is already an avenue in place for those attending physicians or injured workers who believe that a requirement to transfer to an MCO provider is medically detrimental and wish to appeal the requirement. [OAR 436-010-0270(4)(f)][1]. Majoris believes this is a more appropriate and efficient avenue to address any concerns regarding the requirement to treat in-network: it focuses on the question of appropriate medical care, and limits additional paperwork and delays to only those individuals who have true concerns.

For the reasons outlined above, Majoris does not support HB 2424. Thank you again for the time and opportunity to provide our perspective. We will be happy to provide any further clarification or additional information upon your request.

Sincerely,

Director, Provider Relations & Administration

[1] When a worker who is not yet medically stationary must change medical providers because an insurer enrolled the worker in an MCO, the insurer must notify the worker of the right to request review before the MCO if the worker believes the change would be medically detrimental.

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