

September 13, 2021

Jesse Ellis O'Brien Policy Manager Division of Financial Regulation Department of Consumer and Business Services

Re: Clarifying data for partial approvals in OAR 836-053-1070

Dear Mr. O'Brien,

As a member of the HB 2517 (2021) Rules Advisory Committee representing Oregon Association of Acupuncturists, I would like to call your attention to a specific aspect of the proposed changes to OAR 836-053-1070. As physical medicine providers, repetition and frequency of treatment is paramount for recovery and management of many conditions. One of the current issues we face is "partial approvals"; for example, a patient requires 12 visits and the insurer approves two visits. Would this be considered an approval or denial? We urge you to consider how these situations will be tracked via the data reporting requirements.

In Section (6) (pages 7-8 of the draft rules sent September 7), DCBS has proposed the following data be included in the annual summary:

(A) The number of prior authorization requests received;

(B) The number of requests that were initially denied and the reasons for the denials, including, but not limited to, lack of medical necessity or failure to provide additional clinical information requested by the insurer;

- (C) The number of requests that were initially approved; and
- (D) The number of denials that were reversed by internal appeals or external reviews.

To ensure maximal clarity, we suggest modifying or adding to this language to capture requests that are *partially approved*.

Policymakers and the public could be misled if these data are not adequately captured. Further, this could lead to confusion for regulated entities if not clarified in rule. We believe this could occur with care modalities besides just acupuncture, and we hope to discuss it at the upcoming RAC meeting.

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We also urge you to ensure utilization management data handled by third-party administrators are captured in these reports.

Thank you for your consideration.

Sincerely,

Lisa R. Pool, LAc, MAcOM