

Rules coordinator (policy) - Secure

Reference #	8595500
Status	Complete
Name	Kari Kelley
Email	karicaven@gmail.com
Rule number/topic	Prior Authorization of Health Care Services.
Comment(s) or question(s)	<p>This year, Premera is contracting with a 3rd party administrator to implement an authorization and medical necessity review process for outpatient rehabilitation services, including massage therapy. The aim of this process is to reduce the amount of outpatient rehabilitation services they must pay for. My concern is that this process will end up denying me (and many others) benefits that I have contracted with the insurer for. Our plan design is set up to cover up to 30 massage therapy visits per year. I use massage therapy to alleviate headaches, back, shoulder and neck pain in conjunction with chiropractic care. In fact, my chiropractor recommends massage therapy to assist with chiropractic adjustments. To have a third party in an office somewhere second-guess the recommendations of a doctor involved in actual treatment is rather ludicrous. All this will serve to do is deny treatment which alleviates the issues. The term "medically necessary" in this case excludes services for preventive, maintenance or wellness care. This flies in the face of the mandates of the Affordable Care Act which is concerned with preventive treatment, knowing that preventive treatment and general maintenance will help deter the higher costs of chronic illness. My chiropractor is not able to provide adequate care without the addition of massage therapy to my regime. However, the insurance company also limits the benefits I have available for chiropractic care. It seems that they would rather pay for a serious condition, than to prevent a serious condition from happening in the first place. Their limits and denial of care will cause me additional risk of poor health outcomes. Prior authorization of health care services interrupts the doctor-patient relationship and proper care. Limiting these types of care is tantamount to limiting how many visits a patient could have with an M.D., and nobody is advocating for that. I think the OIC should limit providers from using prior authorization for services that are meant to provide consistent care for people suffering from pain and other issues. Washington State has always been a strong supporter of alternative care, and should remain so.</p>
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