November 18, 2019

State of Washington
Washington Health Benefit Exchange
Draft Standard Plans for Cascade Care

Washington State Chiropractic Association
Public Comment

COMMENT OVERVIEW:
The Washington State Chiropractic Association (WSCA) appreciates and applauds the acknowledgement of the stated challenges for exchange customers related to health insurance coverage. These include continuous rising costs year-after-year; customer difficulty understanding cost-sharing and comparative plan value; perceived customer cost-benefit imbalance with little benefit for the cost incurred for coverage; and, interest in investigating affordable solutions and improved customer experience in healthcare insurance purchasing. We agree that these are all problematic issues within the healthcare coverage marketplace and improvement and solutions are long overdue. However, we are also concerned about other problem areas that are not made clear in the Cascade Care documents as currently proposed.

Statutory References
Cascade Care, as passed the legislature, directs the Exchange to:

> "*…reduce barriers to maintaining and improving health, and encourage choice based on value, while limiting increases in plan premium rates." (SB 5526, Section 1 (1)(a))*

Further**,** SB 5526, Section 3 (2) (e) directs the Health Care Authority that the qualified health plan offered meet the following criteria:

> "*The qualified health plans must meet additional participation requirements to reduce barriers to maintaining and improving health and align to state agency value-based purchasing. The requirements may include, but are not limited to, standards for health population management; high-value, proven care; health equity; primary care; care coordination and chronic disease management; wellness and prevention; prevention of wasteful and harmful care; and patient engagement*."

Cascade Care should also be concerned with, and influenced by, SB 5380 which, in both spirt and intent, serves to underscore the concerns relating to the opioid crisis, and specifically mandates:

> "*Pain management alternatives to opioids, including…nonpharmacological treatments available to the patient." (SB 5380, Section 17 (1)(b))*

SB 5380 also reiterates that:

> *"The legislature finds that high quality, safe, and compassionate health care services for patients of Washington State must be available at all times.*" *(SB 5380, Section 18 (1))*

Further, SB 5380 clearly references that the:

"State declares that the main goals of treatment for persons with opioid use disorder are the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life." (SB 5380, Section 28 (3))

Additional provisions include:

"…in order to support prevention of opioid use disorders, the authority must develop and recommend for coverage nonpharmacologic treatments for acute, subacute, and chronic noncancer pain." (SB 5380 (Section 35(1) Coverage must also relate only to:

"treatments that are evidence based."

Meaningful access and meaningful benefit design of non-invasive curative, supportive care and nonpharmacological pain management alternatives, as needed, would be required to achieve the intent of SB 5380.

WSCA comment regarding Cascade Care as it relates to chiropractic care is fully aligned and consistent with both SB 5526 and SB 5380.Because of the manner in which the Actuarial Value (AV) Calculater works, there is little in the documents that indicates inclusion of chiropractic care and the services that are covered, or what the actual benefit and cost-sharing arrangements are for the patient.

We encourage our thoughtful and evidence-based comments and feedback be used to help the State of Washington fully embrace, and take advantage of, this opportunity to improve access and coverage for cost-effective and clinically efficacious care pathways for patients, which simultaneously aids in the significant reduction of opioid use and misuse leading to opioid use disorder for the general public (Whedon 2018; Kazis 2018; Whedon 2019).

SUMMARY OF RECOMMENDATIONS

- The WSCA recommends that the Cascade Care coverage description, as related to nonpharmacological and non-invasive care options for musculoskeletal disorders, including chiropractic care, physical therapy (PT), and occupational therapy (OT), be reevaluated and adjusted to more meaningful, increased access and benefit limits. At minimum, Chiropractic benefits need to be increased to the same level as PT/OT.
- Coverage parameters for chiropractic care should be specifically listed up front on the lead comparative pages for the metal plans, including reference to copay amounts and applicability of deductibles and any other cost sharing by the patient.
- The WSCA recommends that chiropractic benefits limit be allowed beyond the currently restricted 10 visits, and that a minimum benefit level be based on clinical rationale. The WSCA also requests that if the 10-visit limit be perpetuated, *the sources used in establishing the Cascade Care plan limits disclose the complete evidence,* basis, and any supportive rationale for what appears to be an arbitrary 10-visit limit for chiropractic care that is simply modeling an insurance limit that has never been proven as a standard of care.
- The WSCA requests that if benefit structure related to chiropractic is incongruent with other physician-level providers, such as primary care, and inconsistent with a basic physical therapy benefit, that we be provided a full explanation about how and why RCW 18.25.0195 is not applicable.
- The WSCA requests that the Cascade Care plans consider modeling the precedent used by the Washington State Department of Labor and Industries (L&I) where Doctors of Chiropractic are classified the same as primary care medical providers.
- The WSCA requests that Cascade Care model the basic chiropractic visit coverage parameters for spinal manipulation set by CMS and the Washington State Department of Labor and Industries allowing the provider to treat the covered condition as other physician level providers are allowed.

- The WSCA recommends that Cascade Care plans create copay and coverage parameters that do not create illusory benefits (where the copay exceeds the allowed amount to the provider).
- WSCA recommends that Cascade Care set reasonable constraints related to the payer use of pre-authorizations, such that the utilization review processes does not impose an undue barrier to care access, or add to unreasonable administrative burden.
- Based on the standard plan design for Cascade Care, the WSCA would like to know what the expectations are for the patient cost-sharing for chiropractic visits, and care

RELEVANT TOPIC DISCUSSION

Coverage Construct for Musculoskeletal Conditions and Care:
Designing health plans that provide more reasonable access to effective and conservative care pathways, other than invasive and pharmacological directions, is consistent with the legislation directing Cascade Care. These conservative care pathways include meaningful coverage of chiropractic care and the range of health care services provided in that setting, including nonpharmacological pain management, chiropractic adjustments (spinal and joint manipulation), manual therapies, and therapeutic rehabilitation, all of which have been demonstrated as being reasonable evidence-based options in pain management (Tick 2017).

It is well known that patient preference for provider type is influenced by out-of-pocket costs (Carey 2019) and absent health plan coverage accessibility and coverage design, patients shift care choices away from conservative care providers such as chiropractors. This is incongruent with direction and intent as outlined in SB 5380.

It is well known that musculoskeletal conditions are among the most common health care problems and are the source of higher cost in traditional care and invasive care pathways, also including cause for some of the highest disability and lost productivity rates (World Health Org, 2019; Goertz 2017). Within that condition category, low back pain alone is at a global epidemic scale. Additionally, a considerable amount of pain-related treatment is focused on musculoskeletal conditions, an area where conservative chiropractic treatment excels in both treatment effectiveness and cost-effectiveness, compared to traditional, invasive, and pharmacological options, for acute, chronic, recurrent, and complex musculoskeletal pain conditions (Optum 2012; Weeks 2019). This is also the health condition category responsible for one of the highest overall health care expenditures, and one of the highest sources of opioid prescriptions, on a consistent basis. Low back pain, in particular, is the cause of 50% of the opioid prescriptions. These also happen to be the health condition categories for which chiropractic care has been shown to be highly clinically efficacious and cost-effective. (Optum 2012; Coulter 2018).

The course of recovery for most musculoskeletal conditions that require treatment, including care for related pain and functional restoration/rehabilitation, take time and are typically measured in weeks to months, or more, even with necessary care, recurrences and re-injuries are typical. This causes a problem of patients discontinuing necessary care at the point when benefit limits are exhausted rather than when the condition is resolved. Unreasonably low capitation limits for conservative care of these conditions translates to an increased likelihood of patient care shifting from nonpharmacological and non-invasive and into more costly, invasive, and higher-risk therapies, especially if they have better or even limitless coverage with those more invasive and higher-risk directions. Patients deserve better access and coverage for more meaningful nonpharmacological and non-invasive care for these conditions.

This is especially true with respect to chiropractic care, which has been shown to correlate with better outcomes (compared to traditional care), lower cost (compared to medical care and physical therapy)

(Optum 2012), and reduced opioid use (Whedon 2018; Kazis 2018; Whedon 2019). Patient access and additional coverage benefits should be considered in the Cascade Care plan(s).

When patients see Doctors of Chiropractic as the first contact provider for musculoskeletal conditions, research has shown excellent outcomes for patients, coupled with significant cost saving for the system (Kosloff 2013; Kazis 2018; Weeks 2019). Doctors of Chiropractic are physician-level providers. This is recognized in the Washington State chiropractic scope of practice definitions. Chiropractors are also acknowledged as physician-level providers in the Washington State Labor and Industries system. This precedent places chiropractors *as attending, or concurrent care providers, for injured workers with musculoskeletal conditions/injury.* Chiropractors manage about one-third of the state's occupational low-back injuries, and are experts at conservative musculoskeletal management. Like care rendered by other health-care providers, chiropractic care for injured workers must be curative and rehabilitative. Chiropractors perform physician-level physical examinations, order and interpret diagnostic testing, perform differential diagnosis and diagnostic functions, and provide and coordinate care. Chiropractors also perform the vast majority (about 95%) of spinal and joint manipulation procedures in the United States and are highly skilled in manual therapies and functional rehabilitation. Patients prefer these types of care pathways before trying medication (Gallup poll 2017), and coverage should incentivize non-invasive care. Doctors of Chiropractic have been shown to be a valuable and cost-saving resource when functioning as a "first contact provider," or the provider first seen by the patient seeking care (Kosloff 2013; Kazis 2018; Weeks 2019). Discouraging patients from seeing chiropractors through comparative coverage barriers; by terminating their full course of care through arbitrary and clinically unreasonable benefits capitations; or by making coverage vague or difficult to find and unclear from the standpoint of out-of-pocket responsibility is a disservice to the members of the public purchasing these plans.

Chiropractic Benefits Identification within Cascade Care

Stated goals for the Cascade Care included:

- Customer difficulty understanding cost-sharing and comparative plan value
- Perceived customer cost-benefit imbalance with little benefit for the cost incurred for coverage.

Recognizing that chiropractic benefits are not called out in the AV Calculator, it causes great concern that the Cascade Care plans will simply copy the behavior of the insurance plans currently sold in the market with arbitrary limits. Because chiropractic is not specified in the documents there are also no details of patient cost-sharing.

In the actual plan descriptions for the consumer, the WSCA recommends that chiropractic care be

- Listed with other professional services in the comparison sheet for the three plan metal levels if same coverage parameters exist (possibly listed as chiropractic/occupational therapy/physical therapy if coverage parameters are the same), or;
- Listed in a separate line next to, but on the same comparison page as occupational and physical therapy if there are different coverage parameters. A purchaser looking at comparative coverage pages where occupational and physical therapy are listed, should also include reference to spinal manipulation, chiropractic care or any services provided by a chiropractor. There should be no question that an entire service category (chiropractic) might be completely excluded, or, at minimum, ill-defined in terms of applicable copays and deductibles, if any.

Chiropractic Visit Limits

The Cascade Care documents indicate a 10-visit limit for chiropractic care. There is no reasonable evidence supporting the adequacy of or rationale for a capitated limit of 10 visits. Spinal manipulation is a key procedure delivered by chiropractors, shown to be effective in managing pain and musculoskeletal disorders in general (see prior references). Even basic dose-response evidence relating to the treatment of chronic low back pain with spinal manipulation, an intervention with established significant benefit and routinely performed by chiropractors, shows that best responses occur at 12-18 treatments (not 10), over about 12 weeks (Hass 2004; Hass 2014). This does not consider other needs such as functional conditioning. It is clear, even in this limited light, that a 10-visit capitation is inadequate for proper patient care and inconsistent with how other providers are allowed to treat a covered condition.

It is noteworthy that the drafters of the Cascade Care plans acknowledge the need for expanded coverage for musculoskeletal conditions. There is more than twice the benefit allowed for occupational therapy and physical therapy (which has been shown to be 300% more expensive than chiropractic care for musculoskeletal management) (Optum 2012). With no visit limits for primary care (where care for musculoskeletal conditions has been shown to be less experienced and less effective) or specialist care (where there is a higher likelihood of pharmacological and invasive care pathways), a low and arbitrarily constraining benefit design for chiropractic is inappropriate.

In terms of the stated goal of addressing low value for cost of coverage, evidence shows that patients receiving chiropractic care have consistently high satisfaction ratings and positive health outcomes. Patient satisfaction is arguably the highest measure of value.

Additional, relevant related considerations include:

1. Chiropractors are the only physician-level provider with an arbitrary 10-visit benefit limit.
2. This arbitrary 10-visit limit impacts not only the clinical outcome of the patient, but it also impacts any meaningful case management and claims-related research performed on a retrospective basis.
3. By comparison, other services for rehabilitation and habilitation are allowed 25 visits (outpatient rehabilitation and habilitation services) or 30 visits (rehabilitative and occupational therapy) and speech therapy. There is no explanation of rationale for this discrepancy. This type of benefit design drives patients to certain other providers and care pathways, which skews data and exposes patients to riskier and more invasive care pathways, including opioid and surgical directions.
4. Arbitrarily low and disproportionate benefit limits for chiropractic care promote an unfair playing field within the health care arena and places Doctors of Chiropractic at a clear competitive disadvantage in the health care marketplace. A 10-visit limit for chiropractic care is detrimental to reasonable patient access and clinical outcomes. The same 10-visit limit construct is not applied to physical therapy, occupational therapy, primary care, and specialist providers. We assert that with respect to other physician-level providers, this is likely in direct conflict with Washington State law. Whether this is a directive of this legislation or not, or if this is carryover from the commercial benchmark plan, there are statutes protecting a fair and competitive marketplace, one of which is cited below:

   ***RCW 18.25.0195: Discriminatory government contracts prohibited*.**

   Notwithstanding any other provision of law, the state and its political subdivisions, and all officials, agents, employees, or representatives thereof, are prohibited from entering into any agreement or contract with any individual, group, association, or corporation which in any way, directly or indirectly, discriminates against licensed chiropractors in performing and receiving compensation for services covered by their licenses.

   Other professions (nursing and physician assistants) are classified as primary care providers (PCP), and chiropractors, even as a physician-level provider, which is identified in their scope of practice,

are currently not classified as primary care in Cascade Care plans. There is an assumption that a PCP must be able to deliver all services, when in actuality, primary care is intended to triage the patient, teat within your scope of practice and refer where necessary. That is nothing different than what chiropractors do in the course of every day practice and patient care.

5. There is an obvious disproportionate imbalance in coverage parameters, in that coverage for invasive and pharmacological pathways is limitless, but chiropractic care is listed with an arbitrary 10-visit limit. This is in conflict to mandates in SB 5380. It is also in direct conflict with clinical evidence for best practices related to care for musculoskeletal conditions. Given that Cascade Care is a directive from the State of Washington, the natural concern is that arbitrary limits imposed on chiropractors, and chiropractic services, that are not also imposed on other similar category care providers, or relative service categories for treating same or similar conditions, constitutes a violation of RCW 18.25.0195. The WSCA requests that the Cascade Care plans removes arbitrary limits on chiropractic care, and remove policies and practices that could be construed as violation of RCW 18.25.0195.

The WSCA requests that if benefit structure related to chiropractic remains incongruent with like care, physician-level providers, such as primary care, and incongruent with a basic physical therapy benefit, be provided a full explanation about how and why RCW 18.25.0195 is not applicable.

Copays Exceeding Allowed Amounts
Appendix #6 states *"Co-payments may never exceed the actual cost for the service. For instance, if a co-pay is $45 and the service is $30, the cost-share by the consumer would be $30."*

In the case of some services this means that there is no actual benefit. Instead, what is described in the documents is an illusory benefit and is essentially a discount plan. The patient is paying for the service out of pocket. This displays another challenge to moving patients toward effective, drugless options recommended in other policy areas, such as mandated by SB 5380.

In the "Draft Standard Plans Presentation" on page 2, there is mention that "consumers do not feel like they get a lot for the cost of their plan". Services with evidence to support their positive outcomes and cost effectiveness, such as chiropractic, should have a decreased cost-share for the consumer so they are *not* paying for the entire cost of the service out-of-pocket. This change goes a long way toward improving consumers' buying, and using, experience. In fact, payers have recognized the value of providing incentives to patient to pursue care pathways like chiropractic care for spine and musculoskeletal condition management by streamlining access to these care pathways by excluding deductibles for these services, or reducing copays since the result better outcomes, better patient satisfaction, lower direct cost, and overall related cost savings. These results are the hallmark of high value at minimum, the WSCA requests that the Cascade Care Plans exercise more effective and creative problem solving in creating coverage parameters that incentivizes patients when they seek lower cost, lower risk, and highly effective conservative care such as chiropractic.

The WSCA requests that Cascade Care remove reimbursement policies and practices that create an illusory benefit structure, as it is inconsistent with stated goals for this program, especially goals intended to tackle the perception of poor value for cost of coverage, and reduce unnecessary progression of care into invasive, pharmacological, and comparative less effective and cost-effective care pathways.

Benefits Administration
Although not discussed in the Cascade Care documents, the issue of insurance pre-authorizations for access to chiropractic care, physical therapy, and occupational therapy has been extremely problematic, and a clear

source of perceived low value for cost paid for coverage. The WSCA requests that the Cascade Care Plans provide appropriate constraints on pre-authorizations, such as stipulating that pre-authorization cannot be required sooner than 12 visits of care for a new musculoskeletal condition episode. This would reduce unnecessary barriers to non-pharmacological care and reduce waste from unnecessary administrative burden.

We appreciate the opportunity to make public comment. If you have any questions please do not hesitate to contact Lori Grassi, WSCA Legislative & External Affairs Director, at 253-988-0500.

Sincerely,

Phil Kriss, DC
WSCA President