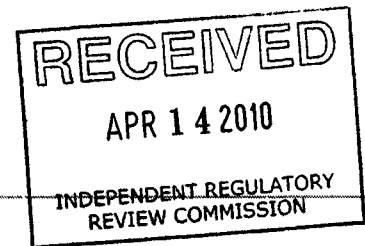


# 2820

**From:** Hoffman, Stephen F.  
**Sent:** Wednesday, April 14, 2010 7:58 AM  
**To:** Schalles, Scott R.  
**Subject:** FW: Proposed Regulation 16A - 4929



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**From:** Kaufman, Kim  
**Sent:** Tuesday, April 13, 2010 4:29 PM  
**To:** Wilmarth, Fiona E.; Johnson, Leslie A. Lewis; Outreach  
**Subject:** Fw: Proposed Regulation 16A - 4929

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**From:** Stuart, Alyson B  
**To:** st-medicine@state.pa.us  
**Cc:** rtomlinson@pasen.gov ; lbaker@pasen.gov ; mmcgeeha@pahouse.net ; jharhart@pahousegop.com ; Kaufman, Kim  
**Sent:** Tue Apr 13 16:23:09 2010  
**Subject:** Proposed Regulation 16A - 4929



April 13, 2010

Regulatory Unit Counsel  
Pennsylvania Department of State  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Re: Proposed Regulation 16A-4929

Dear Regulatory Counsel:

First I must apologize on behalf of Highmark for submission of comments past the stated due date for public comment regarding the State Board of Medicine's ("Board") proposed rulemaking for behavior specialists – 16A-4929. While it is not our practice to comment subsequent to such deadlines, we respectfully ask that we be permitted to share our concerns regarding the proposed regulations, which mirror those raised by Dr. Thomas Curry, Blue Cross of Northeastern Pennsylvania (BCNEPA), in his letter dated March 15, 2010.

Although Highmark fully supports the Board's efforts to implement qualification and training requirements for behavior specialists, we respectfully question the proposal to lower the standard for behavior specialists from licensure to certification. We believe that a standard of certification would create a potentially confusing two-tiered credentialing process for providers seeking to join Highmark's provider networks and a regulatory conflict within the Commonwealth.

The proposed certification requirement permits individuals to treat individuals with autism spectrum disorders ("ASD") without the benefit of licensure, a standard which is counter to our commitment of providing access to high quality health care delivered by licensed providers and potentially dilutes the strides in quality of care made by the Commonwealth. While certification may be appropriate in other areas, we do not believe it is

appropriate in an area of care that is in a state of rapid advancement. Highmark has built solid networks of highly qualified health care providers to serve its more than 4 million customers, including those individuals diagnosed with ASD. Highmark's credentialing process strives to ensure that quality health care is being delivered by licensed medical professionals who meet Highmark's required education and training standards as well as the licensure and medical malpractice requirements set forth in state law. Individuals confronting the challenges of ASD deserve no less than the same safeguards regarding provider quality provided to those with other medical conditions.

To highlight this point, stakeholders debated at length the issue of licensure during the Act 62 of 2008 ("Act 62") negotiations. Highmark in particular, faces a unique predicament with respect to the Professional Health Services Plan Corporations Act, which no other insurer must contend with. Highmark's Enabling Law, the Professional Health Services Plan Corporations Act, permits us to recognize the licensed health care providers enumerated in the definition of "health service doctor," thus making such providers eligible for direct reimbursement for medically necessary covered services upon admission into one of our networks. This statute was amended by Act 108 of 2008 ("Act 108") to add Licensed Clinical Social Workers ("LCSWs"), licensed Occupational Therapists ("OTs"), Licensed Professional Counselors ("LPCs") and Marriage and Family Therapists ("MFTs") to the definition of health service doctor.

Act 108 also grants Highmark the discretion to recognize and add new provider groups in the future without first seeking legislative approval. Without the inclusion of this provision, we could not legally accept certain autism-related providers referenced in Act 62 into our provider networks that service our traditional fee-for-service and PPO products. While Act 108 met our immediate needs for implementing Act 62, the Board's proposed certification standard for behavior specialists complicates future network development if providers are not licensed.

Highmark also respectfully expresses concern with the proposal to allow a behavior specialist to retrospectively reactivate an expired certification without requiring appropriate continued education, regardless of the length of time elapsed. We view this as a significant and questionable departure from the Board's current policy regarding provider reinstatement. Highmark is committed to maintaining a robust provider network and increasing the availability of diagnostic assessment and treatment of ASD, however, retrospective reactivation without a continuing education requirement unnecessarily sacrifices member safety and quality of care. As succinctly stated by BCNEPA, behavior specialists should be subject to continuing education requirements prior to reinstatement as are all other licensed professionals in the Commonwealth. Highmark strongly urges the Board of Medicine to institute a reinstatement policy for behavior specialists similar to that required for other licensed professionals.

Highmark thanks the Department of State for the opportunity to submit comments on the Board of Medicine's proposed regulations. If you should have any questions, please do not hesitate to contact me at 717.302.3979.

Sincerely,



Michael G. Warfel  
Vice President, Government

Affairs

Cc: The Honorable Robert Tomlinson, Chairman, Senate Consumer Protection and Professional Licensure Committee  
The Honorable Lisa Boscola, Minority Chairwoman, Senate Consumer Protection and Professional Licensure Committee  
The Honorable Michael McGeehan, Chairman, House Professional Licensure Committee  
The Honorable Julie Harhart, Minority Chairwoman, House Professional Licensure Committee  
Mr. Kim Kaufman, Executive Director, Independent Regulatory Review Commission

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