

<b>Regulatory Analysis Form</b>		<b>This space for use by IRRC</b> 2000 APR 22 TH 4:48 REVIEW SUBMISSION  <b>IRRC Number: 2342</b>
(1) Agency Pennsylvania Health Care Cost Containment Council		
(2) I.D. Number (Governor's Office Use) Agency Number: 100		
(3) Short Title Uniform Claims and Billing Form Manual, Severity Methodology		
(4) PA Code Cite 28 PA CODE CH. 912, Appendix A	(5) Agency Contacts & Telephone Numbers  Primary Contact: Marc Volavka, 717-232-6787  Secondary Contact: Cherie Elias, 717-232-6787	
(6) Type of Rulemaking (check one)  <input type="checkbox"/> Proposed Rulemaking <input type="checkbox"/> Final Order Adopting Regulation <input checked="" type="checkbox"/> Final Order, Proposed Rulemaking Omitted	(7) Is a 120-Day Emergency Certification Attached?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: By the Attorney General <input type="checkbox"/> Yes: By the Governor	
(8) Briefly explain the regulation in clear and nontechnical language.  Conforms the data reporting requirements set in Appendix A attached to Chapter 912 of the Council's regulations to the text of Chapter 912 by deleting all references to MedisGroups methodology for measuring provider quality and provider service effectiveness. Amendments to 28 Pa. Code Chapter 912 adopted in 1999 eliminated references to MedisGroups methodology in the text of Chapter 912; the 1999 amendments failed to delete the references in Appendix A, those references are deleted by this regulation. No substantive change occurs as a result of this regulation.		
(9) State the statutory authority for the regulation and any relevant state or federal court decisions.  The Health Care Cost Containment Act, Act 89 of 1986 (P.L. 408, No. 89) amended by Act 1993-34 (P.L. 783, No. 123), 35 P.S. § 449.1 <i>et. seq.</i>		

## Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

The Health Care Cost Containment Act, Act 89 of 1986 (P.L. 408, No. 89) amended by Act 1993-34 (P.L. 783, No. 123).

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The 1999 amendments to 28 Pa. Code Chapter 912 eliminated the references to MedisGroups in the text of Chapter 912; the 1999 amendments failed to make conforming changes to Appendix A attached to Chapter 912 (the Uniform Claims and Billing Form Manual). These regulatory changes amend Appendix A by deleting the references to MedisGroups in the manual, conforming it to the regulation.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Not applicable. Required by statute.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Approximately 200 health care providers compile and code data on approximately 1.3 million inpatient records each year. If the Council elects to adopt a different methodology and/or vendor, the cost of compliance would be a principal consideration. If an alternate methodology provides better information on the effectiveness of health care providers, all Pennsylvania residents, their insurance companies and/or their employers could make better choices on selecting providers. Improved information on the health care market should spawn a more competitive market which should improve the quality of care at a lower cost.

## **Regulatory Analysis Form**

**(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)**

No one will be adversely affected by this regulation as it does not change any requirements currently enforce. It merely conforms Appendix A of Chapter 912 to the changes made in the text of Chapter 912 in 1999.

**(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)**

Approximately 200 hospitals are required to submit data under the MedisGroups system.

**(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.**

The Council was responsible for drafting the proposed amendment. The Council is comprised of six business representatives, six labor representatives, the Secretary of Health, Secretary of Public Welfare, Insurance Commissioner, and one representative from each of the following groups: Blue Cross Blue Shield, hospitals, physicians, commercial insurers, managed care entities and consumers.

The proposed regulation was reviewed and approved by the Council at a public meeting. Public notice and comments were received in 1999 regarding Chapter 912.

**(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.**

No costs or savings are associated with this regulatory change, which merely conforms Appendix A of Chapter 912 to the text of Chapter 912 as amended in 1999. There are no operative changes as a result of this regulation.

## **Regulatory Analysis Form**

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

No costs or savings are associated with this regulatory change, which merely conforms Appendix A of Chapter 912 to the text of Chapter 912 as amended in 1999. There are no operative changes as a result of this regulation.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

No costs or savings are associated with this regulatory change, which merely conforms Appendix A of Chapter 912 to the text of Chapter 912 as amended in 1999. There are no operative changes as a result of this regulation.

## Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Savings</b>						
<b>COSTS:</b>						
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Costs</b>						
<b>REVENUE LOSSES:</b>						
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Revenue Losses</b>						

(20a) Explain how the cost estimates listed above were derived.

No costs or savings are associated with this regulatory change, which merely conforms Appendix A of Chapter 912 to the text of Chapter 912 as amended in 1999. There are no operative changes as a result of this regulation.

## Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

No cost/benefit analysis is appropriate for this regulatory change as it merely conforms Appendix A of Chapter 912 to the text of Chapter 912. This analysis was done in 1999 when the text of Chapter 912 was amended.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

The only means to reach the Council's objective is to remove the specific methodology name from Appendix A to Chapter 912 of the Council's regulations.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

The only means to reach the Council's objective is to remove the specific methodology name from Appendix A to Chapter 912 of the Council's regulations.

## Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

There are no federal standards.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

Other states which collect similar data as required by Section 6 of the Act have the flexibility to choose a methodological system. Most care provided by Pennsylvania hospitals is rendered to Pennsylvania residents. Usually, the care that is provided to out-of-state residents is typically for very severe illnesses for which the hospital has a special capability. The minimal per patient-cost that Section 6 of the Act imposes on each admission will not be a factor in a patient's decision to seek care in a Pennsylvania hospital. The provisions of Section 6 of the Act are designed to improve patient care and reduce costs which should make Pennsylvania hospitals more viable.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

Yes. This regulation will conform Appendix A of Chapter 912 to the text of Chapter 912 as amended in 1999, thereby eliminating an inconsistency that currently exists.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

No.

## Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

None.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation will become effective upon publication of the final-form regulation in the *Pennsylvania Bulletin*. The adoption of the regulation will not change the reporting methodology utilized by health care providers.

In the event the Council selects a new vendor and/or methodology, health care providers would change reporting methodologies at the end of the annual reporting cycle. They would have at least 180 days advance notice of the change.

(31) Provide the schedule for continual review of the regulation.

The Council is continually monitoring the state of the art of medical record collection and analysis.



**FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU**

2003 APR 22 PM 4:40

**(Pursuant to Commonwealth Documents Law)**

REVIEW COMMITTEE DO NOT WRITE IN THIS SPACE

# 2342

Copy below is hereby approved as to form and legality. Attorney General

Copy below is hereby certified to be true and correct copy of a document issued, prescribed or promulgated by:

Copy below is hereby approved as to form and legality Executive or Independent Agencies

Pennsylvania Health Care Cost Containment Council  
(AGENCY)

BY Thomas W. Firth

By: \_\_\_\_\_  
(Deputy Attorney General)

DOCUMENT/FISCAL NOTE NO. 100-14 \*

April 22, 2003  
DATE OF APPROVAL

DATE OF ADOPTION March 6, 2003

DATE OF APPROVAL

~~Deputy General Counsel~~  
(Chief Counsel - Independent Agency)  
(Strike inapplicable title)

Check if applicable  
Copy not approved. Objections attached.

BY Marc P. Volavka  
Marc P. Volavka  
TITLE Executive Director

Check if applicable. No Attorney General Approval or objection within 30 days after submission.

**Notice of Final Order Proposed Rulemaking Omitted  
Pennsylvania Health Care Cost Containment Council  
(28 Pa. Code Chapter 912, Appendix A)**

**Uniform Claims and Billing Form Manual, Severity Methodology**

The Pennsylvania Health Care Cost Containment Council, under the authority of Section 5(b) of the Pennsylvania Health Care Cost Containment Act (35 P.S. § 449.5), proposes to amend Chapter 912, Appendix A of its regulations. The proposed amendment to Appendix A Chapter 912 conforms the text of Appendix A, Uniform Claims and Billing Form Manual, to the text of Chapter 912 as amended in 1999. The 1999 amendment removed specific reference to the MedisGroup methodology from the regulation; this amendment removes the same reference from Appendix A. This change does not alter the actions of the Council or the regulated community, it merely conforms Appendix A to the text of Chapter 912.

\*Fiscal Note issued in 1999 in conjunction with the initial amendment to Chapter 912, showing no fiscal impact. This regulatory change makes no substantive change; it merely conforms Appendix A of Chapter 912 to the text of Chapter 912.

FACESHT.WPD

APPENDIX A

**RULES AND REGULATIONS**  
**Title 28—HEALTH AND SAFETY**  
**HEALTH CARE COST CONTAINMENT COUNCIL**  
**[28 PA. CODE CH. 912, APPENDIX A]**  
**Pennsylvania Uniform Claims and Billing Forms Reporting Manual**

The Pennsylvania Health Care Cost Containment Council (Council) under the authority of Section 5(b) of the Pennsylvania Health Care Cost Containment Act (35 P.S. § 449.5) amends Appendix A of Chapter 912 (the Pennsylvania Uniform Claims and Billing Forms Reporting Manual) to read as set forth in Annex A.

Notice of proposed rulemaking is omitted in accordance with section 204(3) of the act of July 31, 1968 (P. L. 769, No. 240) (45 P. S. § 1204(3)), known as the Commonwealth Documents Law (CDL). In accordance with section 204(3) of the CDL, notice of proposed rulemaking may be omitted when the agency for good cause finds that public notice of its intention to amend an administrative regulation is unnecessary under the circumstances.

**Purpose**

The purpose of this final omitted regulation is to conform the data reporting requirements set forth in “Appendix A” attached to Chapter 912 of the Council’s regulations (the Pennsylvania Uniform Claims and Billing Forms Reporting Manual) to the data reporting requirements set forth in the text of Chapter 912 of the regulations. The text of Chapter 912 (28 Pa. Code § 912) was amended October 2, 1999, by removing all specific references to the MedisGroups methodology from the regulation. (29 Pa. Bulletin 5093) The purpose of the 1999 amendment was to give the Council greater flexibility in selecting a methodology for measuring provider quality and provider service effectiveness. Although it was the Council’s stated intention to remove all references to the MedisGroup methodology from the regulations in 1999, four (4) references to that methodology were inadvertently allowed to remain in Appendix A attached to Chapter 912, the Pennsylvania Uniform Claims and Billing Form Reporting Manual. This final-omitted rulemaking is promulgated to finish the regulatory changes initiated in 1999 by deleting the remaining references to MedisGroups that inadvertently remained in Appendix A after the 1999 amendments to Chapter 912.

**Explanation of Regulatory Requirements**

Subsection 5(d)(4) of the Health Care Cost Containment Act (Act)(35 P.S. §449.5(d) directs the Council to “[a]dopt and implement a methodology to collect and disseminate data reflecting [health care] provider service effectiveness.” Subsection 6(d) of the Act (35 P.S. §449.6(d)) permits the Council to “[a]dopt a nationally recognized methodology of quantifying and collecting the data.” In 1987 the Council selected the

MedisGroups methodology offered by MediQual Systems, Inc. In 1988 the MedisGroups methodology was incorporated by name into the Council's regulations found at Chapter 912, and also into the Pennsylvania Uniform Claims and Billing Forms Reporting Manual attached to Chapter 912 as Appendix A. In order to afford the Council the flexibility to utilize a vendor other than MediQual Systems, Inc. if a more effective and economical system became available from another source, the Council amended its regulations in 1999 by deleting all references to MedisGroups from the text of Chapter 912. Although it was the Council's stated intention to eliminate all references to MedisGroups from the regulations in 1999, four (4) additional references to the MedisGroups methodology were contained in Appendix A attached to Chapter 912 that were not identified or deleted at that time. This oversight was recently brought to the attention of the Council. This final-omitted rulemaking deletes the remaining references to MedisGroups from Appendix A, the Uniform Claims and Billing Forms Reporting Manual, completing the regulatory changes initiated in 1999.

### Fiscal Impact

The regulated community (hospitals and other health care providers) will not incur additional costs on account of this rulemaking, nor will it require the Council or any other agency of state or local government to incur additional costs. At the present time the Council continues to utilize the MedisGroups methodology for reporting. The authority for the Council to select another vendor if deemed desirable was created by the 1999 rule-making; this is a ministerial change that does nothing more than conform the text of the forms' reporting manual to the existing text of the regulation. Therefore, there is no fiscal impact on government or the regulated community.

### Effectiveness/Sunset Date

This final-omitted regulation is effective upon publication in the Pennsylvania Bulletin. No sunset date has been assigned. The Council constantly monitors its regulations to insure maximum effectiveness and to implement changes as necessary.

### Paperwork

Adoption of this final-omitted regulation will not require any additional paperwork for hospitals and other regulated health care providers since it merely conforms the reporting manual to the requirements of the existing regulation.

### Persons Regulated

Approximately 200 hospitals are required to submit health care provider service effectiveness data to the Council.

## Contact Person

Questions regarding the final-omitted rulemaking may be addressed to Marc P. Volavka, Executive Director, Health Care Cost Containment Council, Suite 400, 225 Market Street, Harrisburg, PA 17101.

## Regulatory Review

Under section 5.1(c) of the Regulatory Review Act (71 P. S. § 745.5a(c)), the Council submitted copies of this final-omitted rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Health and Human Services Committee and the Senate Public Health and Welfare on \_\_\_\_\_. On the same date, the final-omitted rulemaking was submitted to the Office of the Attorney General for review and approval under the Commonwealth Attorneys Act (71 P. S. §§ 732-101--732-506).

## Findings

The Council finds that:

(1) There is good cause to amend Appendix A attached to Chapter 912 of the Council's regulations, 28 Pa. Code Ch. 912, Appendix A, effective upon publication of the proposed rulemaking omitted. Deferral of the effective date of this regulation is unnecessary and would not serve the public interest. Under section 204(3) of the CDL, there is no purpose to be served by deferring the effective date.

(2) There is good cause to forego public notice of the intention to amend Appendix A of Chapter 912 because notice of the amendment under the circumstances is unnecessary for the following reasons:

(i) The changes made merely conform the reporting forms and the manual advising the regulated community how to fill in the report forms; they do not change the substance of what the regulations require the regulated community to do or to be reported.

(ii) The changes made to Appendix A complete the regulatory changes initiated in 1999, when the references to MedisGroups were eliminated from the text of Chapter 912. The 1999 changes were published as proposed rulemaking. Comments from several interested parties in the regulated community were received, reviewed and responded to during the course of the 1999 rulemaking. Additional public comment concerning the ministerial changes being made by this final omitted rulemaking to conform the report form and reporting manual to what the regulations already permit is unnecessary.

(iii) Additional public comment cannot change the fact that Chapter 912, which has

already been amended, sets forth the requirements of what is to be reported and Appendix A only advises the regulated community how those reports should be made.

### Order

The Council, acting under the authorizing statutes, orders that:

(a) Appendix A attached to 28 Pa. Code Chapter 912 is amended by deleting all references to MedisGroups to conform Appendix A to the text of Chapter 912 and to read as set forth in Annex A.

(b) The Council shall submit this order and Annex A to the Office of Attorney General for approval as to form and legality as required by law.

(c) The Council shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(d) This order shall take effect upon its publication in the Pennsylvania Bulletin.

Annex A

Title 28—HEALTH AND SAFETY  
HEALTH CARE COST CONTAINMENT COUNCIL  
[28 PA. CODE CH. 912, APPENDIX A]  
Pennsylvania Uniform Claims and Billing Forms Reporting Manual

APPENDIX A

Pennsylvania Uniform Claims and Billing Forms Reporting Manual

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Header Record Manual  
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Index by Data Element Name

Data Element Name	Field #	UB-92 Form Locater
* * * * *		
[Patient Morbidity] <u>Provider Service Effectiveness</u>	21b	2e
* * * * *		
[Patient Severity Upon Admission] <u>Provider Quality</u>	21a	2d
* * * * *		

Index by Field Number

Data Element Name	Field #	UB-92 Form Locater
* * * * *		
[Patient Severity Upon Admission] <u>Provider Quality</u>	21a	2d
[Patient Morbidity] <u>Provider Service Effectiveness</u>	21b	2e
* * * * *		

Field 21a

Revised 7/1/88, -/-/03

Data Element: [Patient Severity upon Admission] Provider Quality

Definition: [A score from 0 to 4 reflecting the severity of illness as defined by MedisGroups methodology using key clinical findings, such as physical examinations, radiology findings, laboratory findings, and pathology findings.] Provider quality consistent with Section 6(d) of the Act (35 P.S. § 449.6(d)) and with Chapter 911, Section 911.3. Periodically, the Council will review the methodology, and if change is necessary, it will be made by majority vote of the Council at a public meeting. Notice of the change will be given to all appropriate data sources within 30 days and at least 180 days before the change is to be implemented.

Field Size: 1 field, 1 character

Record Position: 1577

Format: Alphanumeric

Reference: UB-92, Item 2d (Pos 1 of 30 character field, lower line)

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Field 21b

Revised 7/1/88, 4/1/90, \_\_\_\_

Data Element: [Patient Morbidity] Provider Service Effectiveness

Definition: [A score of blank, 0, 1, or 3 indicating the presence or absence of a major or minor morbidity as measured by MedisGroups defined methodology.  
Morbidity indicator values:  
    “0” = No Morbidity  
    “1” = Major Morbidity or Chronicity  
    “3” = Minor Morbidity]

Provider service effectiveness consistent with Section 6(d) of the Act (35 P.S. § 449.6(d)) and with Chapter 911, Section 911.3.

Periodically, the Council will review the methodology, and if change is necessary, it will be made by majority vote of the Council at a public meeting. Notice of the change will be given to all appropriate data sources within 30 days and at least 180 days before the change is to be implemented.

Field Size: 1 field, 1 character  
 Record Position: 1578  
 Format: Alphanumeric  
 Reference: UB-92, Item 2e (Pos 2 of 30 character field, lower line)

Hospital and Ambulatory Service Facility Tape Format

\* \* \* \* \*

Data Element	Data Element Description	Position	Picture	Format
21a	[Patient Severity Upon Admission]			
	<u>Provider Quality</u>	1577	X(1)	[A score from 0 to 4 reflecting the severity of illness as defined by MedisGroups methodology using key clinical findings, such as physical exams, radiology findings, laboratory findings, and pathology findings.]

Provider quality consistent with Section 6(d) of the Act (35 P.S. § 449.6(d)) and with Chapter 911, Section 911.3. Periodically, the Council will review the methodology, and if change is necessary, it will be made by majority vote of the



Council at a public meeting. Notice of the change will be given to all appropriate data sources within 30 days and at least 180 days before the change is to be implemented.

21b [Patient Morbidity]

Provider Service Effectiveness

1578

X(1)

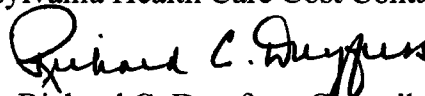
[A score of blank, 0, 1, or 3 indicating the presence or absence of a major or minor morbidity as measured by MedisGroups defined methodology.]

Provider service effectiveness consistent with Section 6(d) of the Act (35 P.S. § 449.6(d)) and with Chapter 911, Section 911.3. Periodically, the Council will review the methodology, and if change is necessary, it will be made by majority vote of the Council at a public meeting. Notice of the change will be given to all appropriate data sources within 30 days and at least 180 days before the change is to be implemented.

This regulation was approved by unanimous vote of the Pennsylvania Health Care Cost Containment Council at its regular meeting on March 6, 2003. Copies of the regulation are being submitted simultaneously to the Office of Attorney General, the appropriate House and Senate Committees and the Independent Regulatory Review Commission for approval as a final-omitted regulation.

Pennsylvania Health Care Cost Containment Council

By:



Richard C. Dreyfuss, Council Chairperson

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Of Counsel:

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SMITH B. GEPHART

April 22, 2003

Robert E. Nyce, Executive Director  
Independent Regulatory Review Commission  
14<sup>th</sup> Floor, Harrisstown 2  
333 Market Street  
Harrisburg, PA 17101

**Re: Pennsylvania Health Care Cost Containment Council  
Final Regulation with Notice of Proposed Rulemaking Omitted  
Amending 28 Pa. Code Chapter 912, Appendix A  
Uniform Claims and Billing Form Manual, Severity Methodology**

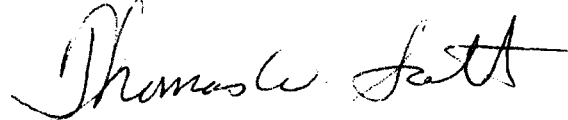
Dear Mr. Nyce:

On behalf of the Pennsylvania Health Care Cost Containment Council, I am submitting for your review and approval a set of final regulations with notice of proposed rulemaking omitted that have been approved by the Council. As reflected in the attached Regulatory Analysis Form, this regulatory change is necessary to conform Appendix A of Chapter 912 to the text of Chapter 912 of the regulations. In 1999, the Council amended the text of Chapter 912 of the regulations to delete all references to "MedisGroups," a propriety data collection mechanism offered by MediQual Systems, Inc. This regulatory change was done in 1999 to afford the Council greater flexibility in the selection of a data collection methodology. At the time the 1999 regulations were adopted, the references to "MedisGroups" that exist in Appendix A attached to regulation Chapter 912 were overlooked and, therefore, not changed. The attached final form regulation is ministerial in nature in that it makes the changes to Appendix A attached to Chapter 912 that conform the Appendix to the text of Chapter 912 as amended in 1999.

Robert E. Nyce, Executive Director  
April 22, 2003  
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On behalf of the Pennsylvania Health Care Cost Containment Council, I respectfully request your review and approval of this regulation. If you have any questions or comments concerning any aspect of this regulatory change, please contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas W. Scott". The signature is written in a cursive style with a large initial 'T' and a long horizontal stroke at the end.

Thomas W. Scott  
Killian & Gephart, LLP  
Counsel, Pennsylvania Health Care  
Cost Containment Council

TWS/mb1  
Enclosure

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

**I.D. NUMBER:**

**SUBJECT:** 28 Pa. Code Chapter 912, Appendix A, Uniform Claims and Billing Form Manual, Severity Methodology

**AGENCY:** Pennsylvania Health Care Cost Containment Council

**TYPE OF REGULATION**

~~x~~ Proposed Regulation

~~x~~ Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

~~x~~ 20-day Emergency Certification of the Attorney General

~~x~~ 120-day Emergency Certification of the Governor

~~Delivery of Title Regulation~~

a. With Revisions                      b. Without Revisions

APR 22 11 45 AM '03

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
4/22/03	<i>Karen Saffer</i>	Frank L. Oliver HOUSE COMMITTEE ON Health and Human Services
4-22-03	<i>Nancy Thompson</i>	George Kenney HOUSE COMMITTEE ON Health and Human Services
4/22/03	<i>Krista Krizan</i>	Harold F. Mowery, Jr. SENATE COMMITTEE ON Public Health & Welfare
4/22/03	<i>Lawrence Cole</i>	Vincent J. Hughes SENATE COMMITTEE ON Public Health & Welfare
4/22/03	<i>Debra Pagan</i>	Robert E. Nyce INDEPENDENT REGULATORY REVIEW COMMISSION
4-22-03	<i>M. Mummet</i>	David J. DeVries ATTORNEY GENERAL

LEGISLATIVE REFERENCE BUREAU

April 20, 2001