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Port Authority of Allegheny County

Response to Proposed Rulemaking
Department of Labor and Industry
Medical Cost Containment [34 PA. Code Ch. 127]
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Section 127.208. Time for payment of medical bills.

Section 127.208(b) – For purposes of computing the timeliness of payments, the insurer shall be deemed to have received the bill, Medical Reports and Medical Report Form 3 days after mailing by the provider.

Port Authority does not agree with Section 127.208(b) when all other mailings are deemed mailed where substantiated by a U.S. Postal mark or proof of service. Many medical bills do not have the date printed/prepared field completed. Additionally, some providers print the medical bills several weeks prior to mailing to the insurer as they are gathering the required medical documentation.

Port Authority recommends that Section 127.208(b) read as follows: ***For purposes of computing the timeliness of payments, the insurer shall be deemed to have received the bill, Medical Reports and Medical Report Form 3 days after mailing is deposited in the United States Mail by the provider or the date in which the insurer has proof of receipt, whichever is later.***

Port Authority has a designated employee who receives and date stamps all mail sent to Port Authority's Workers' Compensation office. As with the Bureau of Workers' Compensation, a U.S. Postal stamp should be required to certify the mailing date of provider bills, Medical Reports and Medical Report Forms or it should be the date received by the insurer as denoted by a date stamp.

Section 127.209. Explanation of reimbursement paid.

Section 127.209(a) – Insurers shall supply a written EOR to the provider in a Department-prescribed format explaining the insurers' decision to pay, downcode or deny payment of medical bills submitted by the provider.

Section 127.209(b) – If payment of a bill or service is denied entirely, an insurer shall in the EOR, inform the provider whether: (1) – (6).

Port Authority agrees that the EOR should be in a Department –prescribed format; however, Port Authority does not agree that an EOR should be required when a medical bill is denied entirely. The insurer should be permitted to send the provider a letter stating the reason for the denial and should not be limited to the reasons defined in Section 127.209(b)(1) – (6).

Port Authority does not dispute the need for conformity with respect to the information contained on the EOR. Port Authority recommends that the Bureau define the key elements required on all correspondence, including EOR and letters, where permitted, relating to the payment or denial of bills.

Section 127.260. Fee review adjudications.

Section 127.260(a) – The hearing office will issue a fee review adjudication consisting of a written decision and order [within 90 days] following the close of the record.

Port Authority recommends that the time limit of 90 days following the close of the record for a written decision and order remain in effect or in the alterative be extended to 120 days. It is unfair to all parties to have an unlimited amount of time to receive a decision in a fee dispute. Most insurers have a reasonable basis to deny or downcode provider procedural codes and will continue to do so until a decision and order is provided by the Bureau. An expeditious and definitive decision on a fee review will educate both the insurer and provider on the correct billing and payment methods. Timeliness of the decision and order will eliminate the need for additional fee reviews for the same issues.

Section 127.752. Contents of list of designated providers.

Section 127.752(b) – The employer may not require the employee to report to a single point of contact before receiving treatment from a provider on the list.

Section 127.752(e) – If the list references a single point of contact or referral for more than one provider on the list, all the providers associated with the point of contact or referral shall be considered a single provider under subsection (a).

Port Authority does not agree with Section 127.752(b) and Section 127.752(e) that references a single point of contact. Port Authority is a self-insured and self-administered public transportation company that operates 24 hours a day, seven days a week, employing over 3,000 employees. The majority of Port Authority

employees are not at a fixed location but on the road transporting passengers when an injury occurs. It is unreasonable to expect the employees to carry a designated list of providers or for the employer to post the listing on its entire fleet of vehicles.

Port Authority currently has a single point of contact; however, it does not require the injured employee to report to a single point of contact prior to receiving treatment. Many Port Authority employee's are familiar with the designated list of providers and simply report to a provider. By having a single point of contact, Port Authority is offering assistance to the injured worker. Employees are immediately informed of their rights and duties, advised to notify their supervisor regarding the work injury, and advised to complete an internal injury report and obtain a written list of designated providers. If the employees are not familiar with the list of designated providers, the single point of contact reads the list of designated providers to the employees and asks which provider they have selected as the treating provider. The single point of contact schedules an appointment with the selected designated provider to ensure immediate medical treatment.

Port Authority has reached an agreement with the providers on the designated list, which ensures payment for the initial treatment, even if the alleged injury is later denied, provided the appointment be scheduled through the single point of contact. Port Authority's procedure ensures that the employees receive immediate medical treatment, ensures that all employees, even those on the road transporting passengers, are familiar with the providers on the designated list and their rights and duties, relieves the worry on the injured employee with respect to payment of the initial treatment, and ensures that the injury is reported in a timely manner.

Port Authority contends that by prohibiting and/or eliminating the single point of contact, it will be a deficit to the injured employee because their treatment may be delayed, initial medical treatment may be denied, and the injured employee may not report the injury in a timely manner, which can have an affect on future benefits.

Port Authority has had the single point of contact in effect since April 1998 and we have never had a challenge by an employee that Port Authority is directing care. To the contrary, our employees have been pleased with the communication at the inception of the workers' compensation process. Confusion regarding the list of designated providers and the employee's rights and duties, can cause an adversarial relationship from the onset of the claim. It is well established that an employee receives immediate medical care and professional, courteous communication from the onset of a claim and is more likely to be satisfied and less likely to obtain legal counsel, which can avoid unnecessary litigation. The majority of Port Authority employees are not only satisfied with the single point of contact, they are also satisfied with the list of

designated providers. Most of our injured workers' remain with the selected provider even after the expiration of the 90 days required by the Act.

Therefore, Port Authority contends that a single point of contact does not direct the employees care, but, rather, keeps the employees informed of their rights and duties and helps the injured employee obtain the medical care required by the PA Workers' Compensation Act and regulations. The injured employee has a right to contest the legitimacy of the list of designated providers if the injured employee believes that the care is directed. However, the intent of the single point of contact is not to direct the medical care, but to help the employee through the complicated workers' compensation system with respect to the medical treatment and reporting requirements.

Port Authority recommends that Section 127.752(b) read as follows: ***The employer may require the employee to report to a single point of contact before receiving treatment from a provider as long as the employer does not require treatment with any one specific provider on the list of designated providers, nor may the employer restrict the employee from switching from one designated provider to another designated provider.*** Additionally, Port Authority recommends that ***Section 127.752(e)*** be deleted.

Port Authority firmly believes that the single point of contact has been an improvement to the program and has been viewed as excellent communication between the injured worker and employer.