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June 29, 2006

Dear Eileen:

Thank you for the opportunity to submit our viewpoint & discussion of the recently published proposal for medical cost containment, related to the Pennsylvania Worker's Compensation Act. As stated by the proposal, the fiscal impact of the rulemaking "is expected to reduce cost to the Department of Labor and Industry and the workers' compensation community by providing a more competitive environment for Utilization Review (UR) and by easing administrative burden associated with the adjustment and payment of medical bills." The physicians and administration at Orthopaedic and Spine Specialists (OSS) counter with the following argument: the proposed rulemaking will *increase cost to healthcare providers* and services by delaying treatment and increasing the administrative weight of said providers, by igniting a staffing burden required to complete additional paperwork, specifically to seek pre-approval for treatment and procedures. The associated downshift in reimbursement coincided with the entanglement of pre-authorization snares the injured worker in a cyclic process of approval versus denial. Above all the proposed regulations will cause a hardship to injured workers seeking prompt and appropriate treatment.

The following are key points for discussion at the upcoming July 11, 2006 forum:

- ✓ Please clarify the proposed reimbursement rates. Current Medicare rates equal the lowest reimbursement.
- ✓ Please discuss placing a capped fee schedule for Independent Medical Exam (IME).
- ✓ Please discuss at length the pre-certification process.
- ✓ Please highlight the expected turnaround time for the precertification process. What is a timely response to a provider request? Will the Bureau retain additional staff to support onslaught of demand? How will the pre-certification form be submitted? Online? Fax?
- ✓ Please discuss in detail the proposed UR process.
- ✓ Please clarify the request for payment within 90 days of the treatment day – specifically, please speak to the following nuance: at times, patients will treat under commercial insurance first, only to realize down the line, they will file as a work related injury. As such, as a provider, we may lose our ability to bill the workers' compensation carrier under this new ruling, if we are beyond 90 days to bill. Please justify.

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OSS supports the move from EOB to EOR and appreciates the proposed Bureau format. We appreciate the streamlined fee review process.

In conclusion, the proposed regulations will require a tremendous increase in healthcare provider workload. Lower reimbursement combined with more work is a pothole we will choose to avoid. Frankly, OSS would be required to hire additional staff to support the demands of the proposed rulemaking. An already somewhat adversarial patient relationship would bombshell into downright hostile. Healthcare providers, under the new regulations, can not be expected to provide the same level of service under the current law. The employment community – the Pennsylvania workforce – will lose access and quality healthcare for work-related injuries.

As presented, Orthopaedic and Spine Specialists will withdraw from the workers' compensation arena, if the proposed rulemaking is set in motion.

Sincerely,

*Steven J. Triantafyllou, M.D.*

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**From:** LI, BWC-Administrative Division [RA-LI-BWC-Administra@state.pa.us]  
**Sent:** Wednesday, July 05, 2006 8:34 AM  
**To:** Wunsch, Eileen; Kupchinsky, John; Kuzma, Thomas J. (GC-LI); Howell, Thomas P. (GC-LI)  
**Subject:** Comments on the Regs. from Karla  
**Importance:** High

-----Original Message-----

**From:** Slusser, Holly [mailto:hslusser@orthospinesp.com]  
**Sent:** Thursday, June 29, 2006 3:36 PM  
**To:** ra-li-bwc-administra@state.pa.us  
**Subject:** July 11 comment submission  
**Importance:** High

<<Comment submission.doc>>

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