

June 30, 2006

Eileen Wunsch, Chief Health Care Services Review Division Bureau of Workers' Compensation Department of Labor and Industry PO Box 15121 Harrisburg, PA 17105 Labor & Industry BWC JUL 1 0 2006 Health Care Services Review Chief's Office

Re: Chapter 127 Regulation - Comments

Dear Ms. Wunsch:

After meeting with my staff, we have the identified the following areas of concern with the proposed changes to Chapter 127 Regulations.

Section 127.201 states that if a provider does not bill an insurer within 90 days from the first date of treatment reflected on the bill, the provider may not seek payment from the insurer or employee. The date referenced <u>must be changed to discharge date</u>. Some patients are still inhouse 90 days after admission and submitting a complete bill in this timeframe is unreasonable. Furthermore, once the language is changed to "discharge date" we oppose the 90 day filing limit. For complicated stays, the physician may not have all information needed to dictate and approve the final discharge diagnosis. Charts can remain unsigned and, therefore, incomplete for months, preventing the submission of the bill.

Imposing a 90 day limit on bill submission is an unfair burden for hospitals. If some timeframe must be implemented, we recommend using 180 days from discharge, comparable to the Medical Assistance filing limits. Additionally, language must be added to allow billing within a reasonable timeframe of receiving a rejection or payment retraction from another carrier (when the patient did not initially tell us it was work related and instructed us to bill their health insurance). Currently there is no option for submitting an appeal if the specified timeframe is not met. Hospitals that have rendered care to the Worker's Comp patient are penalized and prevented from being paid for services rendered. Surely this is not the Bureau's intent!

Section 127.128 pertains to Trauma centers and burn facilities and states they shall continue to receive their usual and customary charges. Are we to assume that this is our charge structure and, therefore, not locked into a DRG scheme reimbursement?

Sincerely,

Susan H. Boyle Corporate Director

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Patient Access

Cc: Thomas Peifer



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