

Original: 2542

Trees Comments

From: LI, BWC-Administrative Division
Sent: Tuesday, July 11, 2006 7:37 AM
To: Wunsch, Eileen; Kupchinsky, John; Kuzma, Thomas J. (GC-LI); Howe, Thomas P. (GC-LI)
Subject: Comments on Regs. from Karla

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

From: JoAnne Trees [mailto:JTREES@wpahs.org]
Sent: Friday, July 07, 2006 4:29 PM
To: ra-li-bwc-administra@state.pa.us
Cc: TPEIFER@haponline.org
Subject: Proposed Rulemaking - Department of Labor and Industry - Medical Cost Containment

I would like to take this opportunity to comment on the proposed changes to Title 34, Chapter 127, specifically section 127.201, requiring providers to request payment within 90 days of the employee's first date of treatment and providing that failure to do so shall result in a waiver of any right to proceed against the insurer or claimant for payment of the bills. This amendment could place an undue burden on the provider and would penalize who are caring for the injured worker. I see three issues:

1. As a provider, this could present problems with those patients who present with a work related injury, but fail to identify the injury as such. We have had claims paid by the patient's health insurance carrier, only to be adjusted several years after the fact when the work injury is discovered. In such cases, should the regulation change, the provider would have no recourse to collect on the valid work comp claim.
2. In addition, we frequently have patients present to the Emergency Room who do not know their work comp carrier. In such a cases, we do contact the employer on the next business day, however, we have had some instances where the employer has not returned calls or provided us with the necessary information on where to submit claims. Although we do contact the Department of L&I in these cases, we should not be penalized if we fail to meet a 90 day deadline.
3. Such a change could also offer an incentive to the unscrupulous employer to stall or offer misleading information with regard to the insurer adding additional administrative burdens to the provider to obtain correct information within a limited time frame.

Since much of this regulation has been based on Medicare, it would seem reasonable to allow, at least, the Medicare time frames for billing which range from 15 - 27 months.

Thank you for the opportunity to offer these comments.

JoAnne Trees
Director, Patient Financial Services
Alle-Kiski Medical Center

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