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THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

July 10, 2006

Chairman Alvin C. Bush  
IRRC  
14<sup>th</sup> Floor  
333 Market Street  
Harrisburg, PA 17101

Dear Chairman Bush:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its nearly 250 acute and specialty care hospitals and health systems across the state, would like to submit the following comments regarding the proposed changes to Chapter 127 regulations.

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**Definitions**

Charge Master – The definition proposed is wrong! A hospital charge master is a provider’s listing of current charges for the services provided to its patients, not a listing of cost-based reimbursable providers; rates of reimbursement.

Usual and Customary Charges – HAP has a concern in how a database would be put together and of the timelines of any database that is established. In addition, the term “usual and customary charge” has never been used for hospital services by any major payor. It has been used for physician’s reimbursement.

**Subchapter B—Medical Fees and Fee Review Calculation**

127.114 Inpatient Acute Care Providers: Outliers—The reference to an exact dollar figure in the proposed regulation changes should be removed and language stating the “outlier threshold in effect at the time of discharge” should be inserted in its place. Since the Medicare Program changes the dollar threshold annually, keeping an exact dollar figure will soon outdate the Workers’ Compensation payment calculation.

127.117(g)—Are these the outpatient services paid off a Medicare fee schedule? This needs clarification.

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127.117(h)—The 30-days timeframe is too short! Currently there is no timeframe so we would recommend allowing providers at least 90 days to submit the data to the Bureau.

### **Billing Transactions**

127.201 (c) Medical Bills—HAP strongly believes the 90-day time limit to submit a bill to an insurer is too short. Currently, the shortest billing time line is 180 days from the date of service or discharge date, and that is used by the Pennsylvania Medical Assistance Program. HAP would recommend a time limit of 180 days or none at all!

In addition, on inpatient billing, the time frame should be from the discharge date, not the first date of treatment.

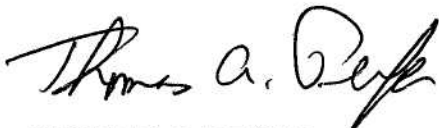
Also, there has to be exceptions since every payor has them, for those situations not controllable by providers. Some examples are:

- Disagreement of whether the injury is work related or not; legal battles could last years.
- Injured workers not telling providers it is a worker's comp injury.
- Injured workers not knowing and not able to immediately provide the insurance carrier's name, etc.
- Health insurers who pay the bill, retract the payment after the 90/180 days, provider needs to be able to go to Worker's Comp for payment.

There may be many more situations where the provider cannot meet a billing deadline due to no fault of the provider.

HAP is ready and willing to work with the Bureau of Workers' Compensation to have these regulations finalized with our respective changes included. If you have any comments or questions, please contact me at (717) 561-5316 or via email at [tpeifer@haponline.org](mailto:tpeifer@haponline.org).

Sincerely,



THOMAS A. PEIFER  
Director, Billing and Claims Management