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Submitter Information

Name: Cathy Brady Cichowski
Address:
PO Box 7834
Greensboro, NC, 27417-0834
Email: ccichowski@pennwestern.com
Phone: 336-665-9400
Fax: 336-664-1300
Organization: Penn Western Benefits, Inc.

General Comment

Re the "Internal Claims and Appeals and External Review Process" under PPACA... this seems to go against ERISA Privacy when we are required to provide the ICD diagnosis code & it's corresponding meaning and the CPT procedure codes and their corresponding meanings. We frequently receive claims from providers where the diagnosis code is "what they are looking for", not what the actual diagnosis is. For example, a claimant went to the OP hospital for a CT of the brain as he had been having headaches. The hospital coded the claim "brain tumor" because that's what they were looking for. The claimant did NOT have a brain tumor, but can you imagine him receiving his "adverse benefit determination" with this diagnosis on it. Or what if he has his mail sent to his office, and someone in the mailroom accidently opens his mail? What about HIPPA privacy? Does PPACA supercede ERISA privacy? There are just too many scenario's that we have thought about (we're a TPA) that this can go so wrong. Another example is the enrollee opening an "adverse benefit determination" on his legally adult daughter (covered up to age 26 now), and finding out that maybe she had an abortion. Additionally, we just received the Interim rules 7/23/10, and have had one month to ingest and try to decipher every meaning in this legislation, and we have plans renewing 10/1/10. Our Plan Sponsors need to have a clear understanding of PPACA in order to design plans that comply with the new rules. This will recuire an inordinate amount of time to re-program our claims adjudication system, and with only 3

weeks left, we feel it is a challenge we don't know if we can meet. We would like to request at least a 6 month moratorium (or waiver of penalty) in order to comply.