

Compliance and Regulations Newsletter

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LOUISIANA

Governor Edwards Signs Opioid Bill

[House Bill 192](#), by Rep. Helena Moreno, expects to curb Louisiana's opioid epidemic.

The bill, effective August 1, 2017, will limit practitioners to issuing no more than a seven-day supply on first-time opioid prescriptions to outpatients for treating acute pain. If a practitioner feels more than a seven-day supply of an opioid is required, the practitioner may issue a prescription for the quantity needed. A medical practitioner must inform the patient of the risks associated with the opioid prescribed and inform the patient of the option to fill the prescription in a lesser quantity.

[Source](#)

PENNSYLVANIA

Bill Proposes Drug Formulary

[House Bill 18](#), which would establish a drug formulary in Pennsylvania, calls for a nationally recognized, evidence-based formulary to fight opioid abuse.

The department will select a nationally recognized, evidence-based prescription drug formulary appropriate to resolve issues related to drugs prescribed for treatment of work-related injuries, including, but not limited to, the type, dosage, and duration of prescriptions.

The department will solicit public comments within 30 days of the effective date of this provision, and the public comment period shall be 90 days. During that public comment period, the department will conduct at least one public hearing on the selection of a drug formulary.

Within 30 days after the end of the public comment period, the department will publish notice of the prescription drug formulary selected in the Pennsylvania Bulletin. The prescription drug formulary will be effective 180 days after the publication.

In selecting a nationally recognized, evidence-based prescription drug formulary for adoption, the department will consider the following factors:

- Whether the formulary focuses on medical treatment specific to workers' compensation.
- Whether the basis for the formulary is readily apparent and publicly available.
- Whether the formulary includes measures to aid in management of opioid medications.
- Whether the formulary appropriately limits both duration and dosage of prescriptions.
- The cost of implementation of the formulary.

This bill was re-referred to the Rules Committee and no further action has occurred since June 21st.

[Source](#)

TENNESSEE

Tennessee Board Considering Rules on Electronic Medical Billing

The Tennessee Bureau of Workers' Compensation will hold a hearing on August 8th to discuss the possibility of including electronic medical billing guidelines in Tennessee's official rules.

The guidelines would include, but not be limited to, definitions, regulations for electronic bill formats, billing code sets, receipt of medical bills from health care providers, communication between health care providers and payers, and compliance and penalties. The proposed rules can be read in full in the rule-making notice, available [here](#).

Unless exempted, payers or their agents shall:

1. Accept electronic medical bills submitted in accordance with the adopted standards;
2. transmit acknowledgements and remittance advice in compliance with the adopted standards in response to electronically submitted medical bills;
3. support methods to receive electronic documentation required for the adjudication of a bill; and
4. be able to exchange electronic data by January 1, 2018.

Providers or their agents shall be able to exchange electronic data by June 1, 2018, unless exempted.

Exemptions to Mandatory Participation

A payer is waived from the requirement to receive medical bills electronically from health care provider if:

1. The payer processed fewer than 250 medical bills for workers' compensation treatment or services in the previous calendar year; or
2. the Bureau of Workers' Compensation grants an exception on a case-by-case basis if the payer establishes that electronic billing will result in an unreasonable financial burden.

A health care provider is waived from the requirement to submit medical bills electronically to a payer if:

1. The health care provider employs 10 or fewer full-time employees;
2. the health care provider submitted fewer than 120 bills for workers' compensation treatment or services in the previous calendar year; or
3. the Bureau of Workers' Compensation grants an exception on a case-by-case basis if the health care provider establishes that electronic billing will result in an unreasonable financial burden.

[Source](#)

VIRGINIA

Medical Fee Schedule Project Moves Towards Implementation

The Commission and consultant Oliver Wyman Actuarial Consulting have been making progress with the Medical Fee Schedules.

Oliver Wyman is leading the project in the development of the Medical Fee Schedules for physicians and facilities and includes six regions.

In September, the Medical Fee Schedule Regulatory Advisory Panel and the Commission will meet to review medical fee exclusions and remaining statutory requirements. Medical Fee Schedules will be implemented January 1, 2018.

Virginia is one of several states still without a medical fee schedule.

The Medical Fee Schedule Project Timeline was last updated on 6/19/17.

[Source](#)