

**PERRINE DUPONT SETTLEMENT CLAIMS OFFICE
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C/O SPELTER VOLUNTEER FIRE DEPARTMENT OFFICE**

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THE PERRINE MEDICAL MONITORING PROGRAM

**PROTOCOL TO HELP PREVENT MISTAKEN PROGRAM MEDICAL PROVIDER
BILLING OF CLAIMANTS**

The following protocols will be implemented to help prevent Program Medical Providers from ordering additional procedures not covered by the Program, and to inform Claimants of what procedures are not covered by the Program so that the Claimant will know that he or she must pay for them if they are ordered.

1. Increased communication with the Claimants and the Medical Providers about these protocols for the Program. We will send the Program Schedule of Benefits to all the Claimants, schedule visits of all Claimants, update the Claimant Program Questions and Answers, and update the Program Medical Providers Questions and Answers.
2. All current Program billing complaints from Claimants will be directed to CTIA to research.
 - Claimant will be asked to explain their visit.
 - Claimant will be asked if they presented their ID card.
 - Claimant will be asked whether or not they received the Schedule of Benefits
 - Claimant will be asked whether or not the procedures were explained in the provider office and what was covered under the Program.
 - CTIA will verify lab claims if we have them
 - CTIA will verify Primary Care Physician claims if we have them
 - CTIA will verify specialist claims if we have them
 - CTIA will contact medical provider in question
 - CTIA will recommend the course of action
 - All of this information will be logged and shared at the quarterly program meetings. This will also identify where the problems are and if they are consistent with certain facilities.
3. An Appeals Committee comprised of the Claims Administrator, the Finance Committee and Guardian Ad Litem, will be established like in the Tolbert Plan and discuss certain issues that fall out of the parameters set up in the program.