



Pennsylvania Compensation Rating Bureau

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PENNSYLVANIA TEST AUDIT PROGRAM **BULLETIN #118**

TEST AUDIT ONLINE

“Three Attempt Form”

Section VII – F of the Pennsylvania Test Audit Program states the following:

In cases where a carrier has been unable, after a minimum of three separate and distinct attempts (i.e. separate dates), to gain access to the insured’s records and has documented those efforts in its submission of information to the PCRB, the test audit selection may be eligible for rescission. The documentation must be submitted at the time of the carrier’s response to the PCRB’s request for audit worksheets.

The documentation of unsuccessful attempts should include all of the following information:

- *The name and title of the person contacted;*
- *The date of each contact attempt (must be three separate dates);*
- *Specify whether the attempts were made by mail (USPS), e-mail or telephone;*
- *If the attempted contact was by telephone, the telephone number used;*
- *If contact was by e-mail, a copy of the e-mail which must include the date, time and email address of the person contacted;*
- *Any and all supporting information including, but not be limited to, copies of progress reports.*

Upon receipt and review of the documentation submitted, the test audit will be evaluated for rescission if the criteria described above have all been met.

The PCRB website application Test Audit Online has been updated to include a new form for carriers to utilize in providing the information necessary to comply with Section VII – F. This new feature will be available for use as of July 1, 2015.

From the Policy Selection Tab, carriers will have a new option under the Type of Audit drop down box titled *Rescind Test Audit Request*.

CARRIER RESPONSE

Type of Audit: -- Select Type of Audit --

Claims Information: -- Select Type of Audit --

Comments:

- Carrier Physical
- Independent Physical
- Voluntary
- Estimated/Waived
- Rescind Test Audit Request ←

Once the Rescind Test Audit Request option is selected, the carrier will be taken to a new form on which the carrier will be required to list each attempt, including contact information. The new form will include functionality allowing carriers to attach all documentation as outlined in PCRB Circular #1634.

CARRIER RESPONSE

Type of Audit: Rescind Test Audit Request

1 Any and all supporting information must accompany this request including copies of progress reports or other documentation supporting the request.

1st Attempt

Name: * Enter Name here (Max. 50 characters)

Title: * Enter title here (Max. 50 characters)

Date: * MM/dd/yyyy

Method: * -- Select Method --

2nd Attempt

Name: * Enter Name here (Max. 50 characters)

Title: * Enter title here (Max. 50 characters)

Date: * MM/dd/yyyy

Method: * -- Select Method --

3rd Attempt

Name: * Enter Name here (Max. 50 characters)

Title: * Enter title here (Max. 50 characters)

Date: * MM/dd/yyyy

Method: * -- Select Method --

Upon submission, the carrier’s request will be transmitted to the PCRB. If approved, the status of the test audit selection will be changed to *Rescinded* and the appropriate message listed in the *PCRB Message* section. If the request is denied, the PCRB will notify the carrier through the *PCRB Message* section and include the reason(s) for denial.

Carriers should begin using this form with the July 1, 2015 test audit selections. **Effective with the September 1, 2015 test audit selections, a carrier requesting the PCRB to consider rescinding a test audit selection MUST use this form.** No other formats will be accepted.

The User Guide has been updated to reflect the new feature. If you have any questions or problems with this application, please contact Roxanne Walker, Senior Technical Analyst, at 215-320-4578 or rwalker@pcrb.com.