pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

Fee for Service (FFS) Subcommittee

Meeting Minutes

May 8, 2024

Opening Statements

All attendees were welcomed, and the meeting was called the meeting to order at 10:05 am, followed by the attendees' introductions. The members approved the minutes from the February 7, 2024, meeting.

Unwinding Update with Mr. Carl Feldman Director of Policy with the Office of Income Maintenance (OIM)

Mr. Feldman presented the background of unwinding. From 2020-2023 there was continuous coverage for enrolled recipients with Federal match. OIM is working on the 12 month unwinding processes. They made no changes till the renewal occurs. Currently they are in the clean-up period and hope to be completed by June 14, 2024, with the outstanding renewals. When OIM presented at the MAAC and the Consumer Subcommittee they reported there were 60,000 renewals to complete. Now they are down to 15,000. Mr. Feldman noted unwinding is temporary, but renewals are forever.

Mr. Feldman explained there has been a lot of policy changes over the last 12 months driven by the Affordable Care Act. These laws were put in place to make renewals easier, and PA expects to be in full compliance by April 2026. Mr. Feldman advised the unwinding processes ending means return to status quo for eligibility processing of annual renewals and action on reported changes. DHS is reevaluating what outreach will be issued to households once unwinding ends.

Mr. Michael Lane questioned if Mr. Feldman could go over what the breakdown was for the 60,000, 15,000 and the June 14, 2024, date? Mr. Feldman stated that 60,000 were the number of renewals needed to be completed when they presented at the MAAC and Consumer Subcommittee. 15,000 is how many renewals they currently need to complete. June 14,2024 is the deadline DHS set to complete these actions. Mr. Feldman also explained that if an individual had a renewal date in the window of April 2023 and March 2024 they are in the scope of unwinding. Mr. Lane asked if there was a broader number to determine who is not eligible? Mr. Feldman advised him to check the OIM unwinding website.

Mr. Anthony DiLuca questioned that there was a lot of increase in resources, for example call centers, text messages, ads, Pennie, mailings, etc. Will these continue after the unwinding? Mr. Feldman stated they had to come up with some new modes to deal with the fact for 3 years people did not need to take action to remain covered. They needed every action possible since this was not continuing. They are planning on expanding the use of text messaging however the advertising will wind down. He stated he can't speak on the Pennie campaign, but the call centers will be coming down to a lower rate after June and will have to be reevaluated. Mr. DiLuca questioned can the recipient's renewal date be posted somewhere that hospitals can be proactive? Mr. Feldman advised unwinding materials/toolkit are evergreen because annual renewals continue indefinitely. How it will or will not show in EVS will need to be reviewed by OMAP.

Prior Authorization Module with Mr. Dale Flor

Ms. Michele Robison introduced Mr. Dale Flor who is the project manager on the prior authorization (PA) innovative. Ms. Robison explained OMAP is looking to modernize the current process. Authorization requests are currently received via mail, email, telephonic and fax. This innovative would allow providers to submit requests electronically through a portal.

Mr. Dale Flor explained what Qualitrac is and how it will be implemented. We are currently on Phase 2 of implementation. Phase 1 was implemented for the case mangers in 2023. He further explained that we are moving the PA functionality to Qualitrac from PROMISe. This is a cloud-based solution with industry standard capability. Qualitrac gives a better insite to prior authorizations. It will give a modern-day process to standardize the authorization. Not only are they being moved to the modern method, but it gives providers the opportunity to register and submit prior authorizations. The provider will have more capability to be more interactive with the process. Key impacts include the provider portal gives the provider a self-service cycle, communication will be done in Qualitrac, it is a user-friendly process for MA FFS

providers and internal staff for both submissions and reviews. Mr. Flor went over the high-level timeframes; go live is 10/25/24 and the runout period is 12/31/24. Dec 16, 2024, is when the providers will be able to register for the portal. Mr. Flor went over the snapshot of the timeline at where the project is at. Currently they are at 64% completion rate through implementation. Mr. Flor went over the requirements for each of the phases. He stated the requirements are done. The focus now is to get the business offices familiar with the applications. They are working with the business leads to get trained and test the applications. There will be a lot of communication going out to the providers. There is information on the website. For pharmacies they are working on functions to develop and implement pharmacy into the authorization process as this was not an original part of the requirements. Pennsylvania will be the first state to have Pharmacy included. High level training is continuing until go live.

Mr. Flor also stated authorizations that are valid in PROMISe will remain if there are no changes to them. There will be a runout of those existing authorizations. The requirements, certification is being reviewed for go live. There are some updates that are going to CMS for approval. Certification with CMS should be completed by the fall of next year.

Ms. Jolene Calla asked if this was going to integrate with the health information exchanges (HIE) and medical records? Mr. Flor stated he is not sure if that would be integrated. Ms. Robison stated the current application is not capable of doing that but there have been discussions. Mr. Flor stated that was not part of the scope maybe down the road. Ms. Calla stated there should be something on the portal so this can be done. Ms. Robison advised it is part of the discussions-version 1 is just starting and there will be tweaks along the way. It is on the radar.

Mr. DiLuca commented that administrative denials are upsetting to everyone since they only have 33 days turnaround. Is there a way to have a flag or a work que? Mr. Flor commented one of the capabilities is that Qualitrac is to auto approve or deny. Right now, our focus is to fit the business needs. If an authorization requires manual review today it will require it tomorrow. This tool will give us the viability into the data and monitor progress. We can configure and approve analysis and push it how each business area allows.

Mr. DiLuca asked when a MA member gets approved can a work que be created for the nurses to review because they have a 33-day turnaround? An example a daily reminder with a countdown for each recipient so nothing goes past due. Mr. Flor stated there is nothing holding back integration with other system in this work application. The capabilities are there. Ms. Robison questioned was Mr. DiLuca asking if they want us to create a que for them? Mr. DiLuca stated that we have all the data. Ms. Robison asked for clarification from Mr. Flor is this possible to create a work que for an external user?

Mr. Flor stated it is doable. The system can be implemented later down the line. The hospital can create tasks and it will go to the case reviewer. It will be a workflow. Per Ms. Calla this should be called the MA portal not the hospital portal.

Provider Enrollment Updates

Ms. Sandi Migliorisi, BFFSP, announced the Provider Enrollment unit is working provider enrollment applications under 30 days. In the month of May, they are expecting 5,334 revalidations. There are 235 pharmacists currently enrolled. Ms. Migliorisi reminded the providers should be using the enrollment portal to make simple changes. Portal changes can be completed between 1 or 2 days. Paper will take much longer. She advised there are 518 active applications as of 5/3/24. There are another 1,983 applications going through auto checks. 600 applications are being processed per day. Lastly, Ms. Migliorisi commented on general provider enrollment reminders. Providers are reminded to update their contact info and multiple service locations can be done on one application. At the end of the application, it will ask if there are other service locations. This is where they can add them to the revalidation applications. Any question can be directed to Enrollment.

Policy Update

Ms. Alexis Neel, BPAP, reported on MA Bulletins as follows:

MABs Issued Since February Meeting:

1. (01-24-01) "Pharmacist Billing" Issued 2/13/24, Effective 3/1/24
2. (08-24-04) "Updates to the PROMISe Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E - FQHC/RHC Handbook" Issued and Effective 3/1/24
3. (01-24-01) "Over-the-Counter Oral Contraceptives" Issued and Effective 4/10/24
4. (99-24-04) "2024 Recommended Child and Adolescent Immunization Schedule" Issued and Effective 4/16/24
5. (26-24-01) "Ambulance Services" Issued 4/18/24 and Effective 1/1/24
6. (99-24-02) "Medical Assistance Program Fee Schedule Revisions" Issued and Effective 4/29/24

Upcoming MABs to be Issued:

1. "2024 Healthcare Common Procedure Coding System Updates, Fee Adjustments, and Other Procedure Code Changes" (99-24-03)

   Description: The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule based upon the 2024 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations, making fee adjustments, and prior authorization requirements. These changes are effective for dates of service on and after May 28, 2024.

2. "Updates to the Family Planning Services Program Fee Schedule" (01-24-06)

   Description: The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Program Fee Schedule as a result of the 2024 Healthcare Common Procedure Coding System (HCPCS) updates, to issue an updated Family Planning Services: Covered Services Chart and to issue an updated Family Planning Covered Drug and Devices Chart.

3. "Ophthalmology Fee Increase" (99-24-05)

   Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) will increase fees for certain ophthalmology services on the Medical Assistance (MA) Program Fee Schedule, effective for dates of services on and after June 24, 2024.

4. "Update to ACA Categorical Risk Levels" (TBD)

   Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is superseding, in part, Medical Assistance (MA) Bulletin 99-16-13, to revise the assignment of providers to categorical risk levels as required by the Affordable Care Act (ACA).

5. "Update to Providers Assigned Categorical Risk Level of High" (TBD)

   Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is superseding, in part, Medical Assistance (MA) Bulletin 99-17-03, to update provider types assigned to the Affordable Care Act (ACA) categorical risk level of high.

6. "DME Repair Codes" (TBD)

   Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) added modifiers to the home accessibility durable medical

equipment (DME) items repair procedure code, effective with dates of service on and after December 1, 2022.

7. "Milk Bag Limit Update" (TBD)

   Description: The purpose of this bulletin is to advise providers of updated limits for procedure code K1005 on the Medical Assistance (MA) Program Fee Schedule for disposable collection and storage bags for breast milk, effective with dates of service on and after May 1, 2023.

8. "Home Health Services Medical Supplies, Equipment and Appliances Prescribed by Non-Physician Practitioners Beyond the Public Health Emergency" (99-21-12)

   Description: The purpose of this Medical Assistance (MA) bulletin is to advise providers that the Department of Human Services (Department) will cover home health services, medical supplies, equipment and appliances when prescribed by physicians, physician assistants (PA) and certified registered nurse practitioners (CRNP). The Department will cover medical supplies, equipment and appliances when prescribed by podiatrists, but the Department will not cover any of these services when prescribed by a certified nurse midwife (CNM).

9. "2023 ADA Claim Form" (TBD)

   Description: The purposes of this Medical Assistance (MA) bulletin are to notify dental providers enrolled in the MA Program that: (1)the Department of Human Services (Department) will begin accepting the 2024 American Dental Association (ADA) Claim Form upon issuance of this MA bulletin and will no longer accept the 2019 ADA Claim Form; and (2) the issuance of updates to the PROMISe™ Provider Handbook – "837 Dental / ADA and PROMISe™ Provider Billing Guide – "ADA Claim Form – Version 2024 Completion Aid for Dentists – Prior Authorization.

10. "PA and CRNP Application of TFV to MA Beneficiaries Under 21" (TBD)

    Description: The purpose of this bulletin is to advise Medical Assistance (MA) enrolled physician assistants (PA) that they can provide topical fluoride varnish (TFV) services to MA beneficiaries. This also reminds physicians, and independently practicing Certified Registered Nurse Practitioners (CRNP) that they can perform TFV. This bulletin will also update limits for procedure code 99188 on the Medical Assistance (MA) Program Fee Schedule for the provision of topical fluoride varnish (TFV). The bulletin also adjusts training expectations.

11. "Dental HCPCS" (TBD)

    Description: The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Dental Fee Schedule.

12. "MA Program Encounter Form (MA91) Updates and Provider Handbook Updates" (TBD)

Description: The purpose of this bulletin is to inform Medical Assistance (MA) providers of updates to the MA Program Encounter Form (MA 91).

13. "FQHC/RHC Covered Services Chart" (TBD)

    Description: The purpose of this bulletin is to issue a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Covered Services Chart that identifies procedure codes, modifiers, and places of service (POS) that FQHCs and RHCs can utilize when their personnel render services to Medical Assistance (MA) beneficiaries.

14. "FQHC/RHC LARC APM" (TBD)

    Description: The purpose of this Medical Assistance (MA) Bulletin is to advise providers that the Department of Human Services (Department) is implementing an alternative payment methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

15. "FQHC/RHC Change in Scope of Services" (TBD)

    Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) has updated The PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Handbook (Appendix E), Section 8: FQHC/RHC Change in Scope of Service.

Questions and Answers

There was no old or new business to discuss.

Next meeting is scheduled for August 7, 2024.

The meeting adjourned at 11:20 am