

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Use of the PA 162 Forms for Notification of Medical Assistance Eligibility	BY  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs
NUMBER:	99-87-10	
ISSUE DATE:	October 22, 1987	
EFFECTIVE DATE:	November 1987	

PURPOSE:

The purpose of this bulletin is to alert you that the County Assistance Offices will be using the PA 162-RM form to notify the applicant regarding retroactive eligibility for medical assistance. The County Assistance Offices will continue to use the PA/FS 162 form to notify the applicant regarding ongoing medical assistance eligibility.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program except provider types 11, 12, 13, and 14 for inpatient services.

DISCUSSION:

The local County Assistance Office determines when recipients are responsible to pay a portion of their medical bills. This is known as "patient pay liability" and the amount is reported to the providers involved on the PA/FS 162 form. The PA 162-RM form was developed for use when retroactive medical assistance eligibility is involved.

PROCEDURE:

Effective November 1987, you may begin receiving the PA 162-RM for the retroactive period, in addition to the PA/FS 162 if a patient pay liability exists (see attached). If you receive these forms designating a patient pay liability for services you have rendered to a recipient, follow the instructions on the PA 162-RM when billing the Medical Assistance Program.

ATTACHMENTS:

- * PA/FS 162 - Notice to Applicant of Medical Assistance Eligibility
- * PA/FS 162 - PA 162 - Notice to Applicant of Retroactive Medical Assistance Eligibility

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Provider Relations
 P.O. Box 8024
 Harrisburg, Pennsylvania 17105

or call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.