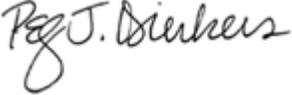


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|  | MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE | |
| | SUBJECT Clarification and Update to Bulletin 36-91-01 Regarding Invoice Exception Process for Long Term Care Facilities | BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs |
| NUMBER: | 25-02-01, 35-02-05, 36-02-05 | |
| ISSUE DATE: | May 21, 2002 | |
| EFFECTIVE DATE: | May 21, 2002 | |

PURPOSE:

The purpose of this bulletin is to clarify the 180-day exception process, the documentation required for requesting an exception, and to provide a revised 180-Day Exception Request Detail Page with updated instructions.

SCOPE:

This bulletin applies to all private ICFs-MR, private ICFs-ORC, LTC units located at state mental hospitals, county nursing facilities and general nursing facilities enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

MA Regulation, 55 Pa. Code Chapter 1101, Section 1101.68, effective January 1, 1991, established the criteria for the submission of invoices for services rendered to MA recipients. This information was made available to the provider community with MA Bulletins 36-91-01 and 99-91-01.

PROCEDURE:

The Department of Public Welfare (Department) must receive within 180 days from the end date of service, all original invoices, resubmissions of original invoices and claim adjustments for long term care services.

It is the facility's responsibility to bill timely and correctly.

Invoices submitted after the 180-day period will be rejected unless they meet the criteria established in paragraph (1) or (2):

1. Eligibility determination was requested within 60 days of the date of service and the Department has received an invoice exception request from the provider within 60 days of the receipt of the eligibility determination.
2. Payment from a third party was requested within 60 days of the date of service and the Department has received an invoice exception request from the provider within 60 days of receipt of the statement from the third party.

If a claim meets either of the criteria stated above, the facility may submit the claim as an exception request to:

Department of Public Welfare
 Bureau of Long Term Care Programs
 Division of Long Term Care Provider Services
 P. O. Box 8025
 Harrisburg, PA 17105-8025
 Attn: 180-Day Exception Unit

To submit a request for an exception, the facility must include the following:

1. all supporting documentation, including documentation to and from the County Assistance Office (CAO) and/or third parties;

2. a correctly completed invoice; and

PLEASE NOTE: The invoice must be an original invoice, no file copies or photocopies will be accepted. The invoice must be signed by a designated individual, or accompanied by a signed Signature Transmittal Form (MA 307).

3. a completed 180-Day Exception Request Detail Page. The detail page has been revised. Instead of requesting you to enter the date the application was mailed to the CAO, you are asked to enter the date of request for MA eligibility determination. A copy of the revised detail page, which should be photocopied, and instructions for its completion are attached.

The criteria for documenting a delay by the CAO requires that the facility submit evidence that a request for MA eligibility was submitted to the CAO within 60 days of the service date. The invoice exception request must be received by the Department within 60 days of the facility's receipt of notification of eligibility. To document a request for recipient MA eligibility, the facility may submit any of the following applicable forms, as long as they are completed, dated and signed: (1) the date and signature page from the PA 600 or PA 600L; (2) Medical Evaluation (MA 51); (3) Long Term Care Admission and Discharge Transmittal (MA 103); (4) Preadmission Screening Annual Resident Review (MA 376); (5) Options Assessment Form or; (6) a memorandum from the CAO that contains the date of the request for MA eligibility.

The Department may request additional documentation to justify approval of an exception. If the requested documentation is not received within 30 days from the date of the Department's request, a decision will be made based on the information received.

Facilities will receive a letter notifying them of the Department's decision. For claims granted a 180-day exception, the fact that the Department agrees to process the claim is no guarantee that the claim will not be rejected for reasons other than the time requirements.

Exceptions will be granted on a one-time basis and exception claims rejected due to provider error will not be granted additional exceptions.

PLEASE NOTE: Only claims meeting the criteria in Section 1101.68 are appropriate for review under this procedure. Untimely claims due to a facility's failure to bill, to bill correctly or due to billing problems in general will not be considered for an exception. Only requests for exceptions due to CAO or third party delays will be considered.

Please refer to the Long Term Care Services Provider Handbook or the Nursing Facility Services Handbook for invoice completion instructions, claims reconciliation methods and telephone numbers and addresses to seek assistance from the proper Departmental entity.

INSTRUCTIONS FOR COMPLETING THE 180-DAY EXCEPTION REQUEST DETAIL PAGE FOR LONG TERM CARE FACILITIES

1. Enter the name of the facility as shown on provider enrollment.
2. Enter the provider type and MAID number as shown on provider enrollment.
3. Enter the resident's name.
4. Enter the dates of service from the invoice(s).
5. Check the appropriate block indicating the reason for requesting the exception.
 - A. Check this block if the delay in billing is due to a delayed CAO notification to your facility of the eligibility determination.
 1. Enter the date that MA eligibility determination was requested. Documentation supporting this date must be submitted with the exception request. Documents may include but are not limited to a completed, signed and dated page from the PA 600; PA 600L; MA 51; MA 103; MA 376; or a memo from the CAO verifying the date the request was submitted.
 2. Enter the date of the PA 162 or the date the notification of eligibility determination was stamped as received by your facility. A copy of the document must accompany your request for an exception.
 - B. Check this block if delay is due to a third party responding to your request for payment.
 1. Enter the date that payment was requested from the third party. Documentation of this date must be

provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the third party.

2. Enter the process date of the third party statement. A copy of the resource statement must be submitted as documentation with the request for exception.

Date - Enter the date you are submitting the exception request.

Attachment

- 180-DAY EXCEPTION REQUEST DETAIL PAGE FOR LONG TERM CARE FACILITIES

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Long Term Care Programs
Division of Provider Services
P. O. Box 8025
Harrisburg, Pennsylvania 17105-8025
800-932-093

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