

	<b>MEDICAL ASSISTANCE BULLETIN</b> COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	<b>SUBJECT</b>  Revised HealthCare Benefits Packages Reference Chart	<b>BY</b>    <b>Robert S. Zimmerman, Jr., M.P.H.</b> Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	99-99-04	
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<b>EFFECTIVE DATE:</b>	April 20, 1999	

**PURPOSE:**

The purpose of this bulletin is to provide you with a revised HealthCare Benefits Packages (HCBP) Reference Chart (M A 446).

**SCOPE:**

This bulletin applies to all providers enrolled in the Medical Assistance (M A) Program.

**BACKGROUND/DISCUSSION:**

The HCBP is comprised of individual packages, which were determined by dividing the recipient community into specific groups based on their categories of assistance. It was implemented as a method of assisting providers in determining if services rendered to an M A eligible recipient would be reimbursable.

**PLEASE NOTE:** You previously received a HCBP Reference Chart with M A Bulletin 99-99-06, effective September 1, 1996, and revisions to that chart with M A Bulletin 99-97-07 and 99-98-09. The information sent with those bulletins should still be referred to and used when billing for services rendered prior to the effective date of this bulletin.

**PROCEDURE:**

When providing services to a recipient, you must verify the recipient's M A eligibility by accessing the Eligibility Verification System (EVS) using information from the recipient's ACCESS card. The EVS response will give you the recipient's category, program status code, and the number of the HCBP under which the recipient is covered for the specific date of service. Upon obtaining this information from EVS, you should refer to the HCBP chart. The chart lists each M A provider type, as well as each HCBP number with the appropriate "alpha" codes. The description/definition of these codes is found in the Legend section of the chart. Codes other than "Y" (Yes, the recipient is eligible to receive services, if medically-necessary) or "N" (No, services are not covered under that specific package) denote limitations or exclusions under that specific package. After locating your provider type and the recipient's benefit package, it is extremely important for you to refer to the Legend to determine if there are any limitations associated with the services you can provide. **FOR MORE DETAILED INFORMATION ON THE LIMITATIONS AND EXCLUSIONS FOR YOUR PROVIDER TYPE, REMEMBER TO REFER TO YOUR SPECIFIC MA REGULATIONS, BULLETINS, AND PROVIDER HANDBOOK.**

In summary, when providing services to an M A recipient, you should:

1. See the recipient's ACCESS card.
2. Access EVS to determine M A eligibility for the date(s) that services are being rendered. If the recipient is enrolled in an HMO/HealthChoices plan, call the plan if you are unsure of the scope of coverage provided by that plan. If third party resources or lock-in providers are listed, follow the appropriate billing instructions.
3. Record the recipient's category, program status code, and the HCBP assigned to the recipient for that particular date (s). You may use the EVS Response Worksheet (M A 464) for this purpose. The M A 464 can be ordered using the Provider Order Form (M A 300X).

4. Locate your provider type on the HCBP chart, and look horizontally to find the recipient's HCBP number. At the point that these two items meet, note the alpha code.
5. Use the Legend to locate the alpha code which identifies the limitations or exclusions associated with that package for your provider type.

**REMEMBER:**

When you access EVS, the information returned to you is specific for the requested date(s) of service. If you are using the EVS Voice Response System, please listen to the complete message. There is important information at the end of the response. Please note:

- If the date(s) of service is **prior** to the effective date of this bulletin, refer to the HCBP Reference chart and its revisions, which were sent to you with MA Bulletins 99-96-06, 99-97-07 and 99-98-09.
- If the date(s) of service is **on or after** the effective date of this bulletin, use the enclosed HCBP Reference Chart.

**Attachment**

- HealthCare Benefits Packages (HCBP) Reference Chart - April 1999

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).