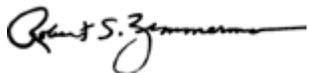


	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>	
	<b>SUBJECT</b>  Clarification of Procedures for Requesting Copies of Medical Assistance Recipients' Bills	<b>BY</b>    <b>Robert S. Zimmerman, Jr., M.P.H.</b> Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	99-98-01	
<b>ISSUE DATE:</b>	February 27, 1998	
<b>EFFECTIVE DATE:</b>	February 1, 1997	

**PURPOSE:**

The purpose of this bulletin is to provide procedures for requesting copies of medical assistance (MA) recipients' bills.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program and all Managed Care Organizations (MCOs) under contract with the Department.

**BACKGROUND/DISCUSSION:**

Bulletin 99-93-09 provided procedures for responding to requests for copies of bills for MA recipients. With the implementation of HealthChoices, the Department's Third Party Liability Section assumed responsibility for the recovery of all casualty claims for accidents that occurred after February 1, 1997. For recipients enrolled in the voluntary MCOs, it depends on the contract language whether or not the Department is responsible for the recovery in casualty situations. As a result, regardless of whether or not the recipient is enrolled in a MCO, all requests for copies of patient bills should be sent to the Third Party Liability (TPL) Section.

**PROCEDURE:**

All requests from recipients, their legal representatives, and/or insurer for information concerning patient bills or copies of bills, **must be submitted by the provider along with a copy of the invoice and request** to the following address:

**Department of Public Welfare  
 TPL-Casualty Unit  
 P.O. Box 8486  
 Harrisburg, PA 17105-8486**

The TPL-Casualty Unit will respond to the request and take appropriate action to recover medical assistance payments.

This procedure **MUST** be followed by all providers enrolled in **MA** for **ALL** requests for payment information about MA recipients. This includes recipients enrolled in HealthChoices or any voluntary MCO.

**THIS BULLETIN REPLACES MEDICAL ASSISTANCE BULLETIN 99-93-09**

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>Third Party Liability - Casualty Unit          (717) 772-6245 or (717) 772-6624</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs website at <a href="http://www.dpw.state.pa.us/omap">www.dpw.state.pa.us/omap</a>.</p>
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