

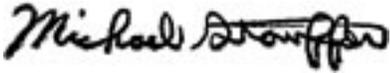


ISSUE DATE July 9, 2010	EFFECTIVE DATE July 1, 2010	NUMBER 99-10-08
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SUBJECT
Change of Protocol for Certain Provider Appeals

BY

Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs


Michael Stauffer, Acting Deputy Secretary
Office of Administration

PURPOSE:

The purpose of this bulletin is to inform providers that effective July 1, 2010, the Department requires that certain provider appeals (including those pertaining to Diagnosis Related Group (DRG), Concurrent Hospital Review (CHR), 180 day Exception, Pre-Certifications, Retrospective Inpatient Provider Denial (RIPD), Residential Treatment Facility (RTF) and Place of Service Review (PSR) must be filed directly and exclusively with the Bureau of Hearings and Appeals.

SCOPE:

This bulletin applies to all providers enrolled in the Medicaid (MA) Program's fee-for-service (FFS) delivery system and is applicable to the **fee-for-service delivery system only**. Providers enrolled in managed care organizations (MCOs) should contact their individual MCO for guidance relating to appeal requests.

BACKGROUND:

Under Act 2002-142, 67 Pa.C.S. § 1101 *et seq.*, effective July 1, 2003, and the Department's regulations in Chapter 41, 55 Pa. Code, all provider appeals (including those pertaining to Diagnosis Related Group, Concurrent Hospital Review, 180 day Exception, Pre-Certifications, Retrospective Inpatient Provider Denial, Residential Treatment Facility and Place of Service Review) must be filed directly and exclusively with the Bureau of Hearings and Appeals. Previously, these appeals could be filed with the Bureau of Hearings and Appeals/Federal Hearings and Appeals Services. This bulletin is to change the mailing address for providers to send their appeals.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Dianne Wagner at diwagner@state.pa.us

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/PartnersProviders

All provider appeals must be submitted in accordance with all applicable rules. Including the instruction on the notice of agency action (pertaining to the timeliness and other requirements of 55 Pa. Code § 41.32) and must include all appropriate documentation (as set forth in 55 Pa. Code § 41.31 (d)). If the program office's denial is based on the lack of medical necessity the provider must include a copy of the complete medical record.

The provider must also send an **exact and complete copy** of its appeal and **all attached documents** to the program office that issued the notice of the agency action. The copy must be sent to the program office the same time the provider files its appeal with the Bureau of Hearings and Appeals and be clearly labeled as a copy. In order for the appeal to be processed in a timely manner, it is important that all required information be submitted to both the Bureau of Hearings and Appeals and the program office at the time of the appeal.

PROCEDURE

All provider appeals (including those pertaining to Diagnosis Related Group, Concurrent Hospital Review, 180 day Exception, Pre-Certifications, Retrospective Inpatient Provider Denial, Residential Treatment Facility and Place of Service Review) must be filed directly and exclusively with the Bureau of Hearings and Appeals at the following address:

Bureau of Hearings and Appeals
2330 Vartan Way, 2nd Floor
Harrisburg, PA 17110
Attn: Dianne Wagner/Provider Appeal

The provider must also send an exact and complete copy of its appeal, clearly labeling as a copy, and all attached documents to the program office that issued the notice of the agency action. The copy must be sent to the program office at the same time the provider files its appeal with the Bureau of Hearings and Appeals.