pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
February 22, 2013	March 1, 2013	99-13-05

SUBJECT	BY
Continued Existence of the Fee-For-Service Delivery System in HealthChoices Zones and Enrollment of Breast and Cervical Cancer Prevention and Treatment (BCCPT) Recipients in HealthChoices	Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to remind providers that the Fee-for-Service (FFS) delivery system will continue operating in all HealthChoices zones, and to advise providers that effective March 1, 2013, recipients eligible under the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program will now be enrolled in HealthChoices managed care organizations (MCOs).

This bulletin obsoletes MA Bulletin 99-07-17.

SCOPE:

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

BACKGROUND:

The HealthChoices Program, the Department of Public Welfare's (Department) mandatory MA managed care delivery system, has historically covered the majority of MA recipients residing in the various HealthChoices operational areas (zones); however, there are certain MA recipient groups excluded from participating in HealthChoices who remain in the FFS delivery system.

DISCUSSION:

The Department has previously issued MA Bulletins (99-02-11, 99-00-01, 99-99-03, 99-06-05 and 99-07-17) to remind providers that, even in HealthChoices areas, there are some MA recipients who continue to be served in the FFS delivery system, and that all MA recipients are issued an ACCESS card, even those in managed care. With the completion of full statewide expansion of HealthChoices physical health managed care effective March 1, 2013, the Department reminds providers that a small number of MA recipients are excluded from HealthChoices and will continue to access health care through the FFS delivery system. The individuals excluded from HealthChoices will continue to use their ACCESS card to obtain MA covered services.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm

Effective March 1, 2013, the Department is also adding one of the previously excluded recipient populations to HealthChoices. MA recipients eligible under the BCCPT Program will now be enrolled in HealthChoices MCOs. Prior to March 1, 2013, these individuals received MA services through the FFS delivery system.

The following MA recipient groups are the primary populations that will continue to be served in the FFS delivery system:

- Newly eligible MA recipients while they are awaiting enrollment in an MCO.
- MA recipients enrolled in the Health Insurance Premium Payment (HIPP) Program.
- MA recipients who have been admitted to a state-operated facility (i.e. Intermediate Care Facility),
- MA recipients placed in a nursing home beyond 30 days.
- MA recipients enrolled in the Pennsylvania Department of Aging (PDA) Waiver beyond 30 consecutive days.
- MA recipients who are enrolled in the Autism Capitated Assistance Program (ACAP).
- State-funded General Assistance MA recipients who are eligible for medical employability assessment only. These individuals are in the TD/55 category.
- Most adult MA recipients with Medicare coverage, known as “dual eligibles”.
- Non-citizens who are eligible only for MA coverage of emergency medical conditions.

Note: This is not a complete list of individuals that will continue to receive their services through the FFS delivery system. Providers must continue to verify individual MA recipient eligibility and delivery system enrollment status utilizing the Eligibility Verification System (EVS).

In addition, the Department is reminding providers that there is typically a four-to-six week period between the recipient’s initial MA eligibility determination and the effective date of their enrollment in the HealthChoices physical health MCO (this period of time is commonly referred to as the FFS eligibility window), and that MA-enrolled providers participating in the MCO’s network are prohibited from denying medically necessary services to that newly eligible MA recipient during his/her FFS window.

PROCEDURE:

All HealthChoices providers are required to have a signed Office of Medical Assistance Programs (OMAP) provider agreement and an active PROMISe™ Provider identification number (PPID) as part of the HealthChoices credentialing process. Therefore, HealthChoices providers delivering services to FFS recipients may use the current FFS billing procedures, forms, and their PPID to bill the MA FFS Program.

Providers must verify MA recipient eligibility and delivery system enrollment status utilizing the EVS through the Provider Electronic Solutions software, the provider’s own certified software, or through the internet at http://promise.dpw.state.pa.us/ using the patient's social security number and date of birth (mmddyyyy) or their last name, first name and date of birth. If those access methods are not available to the provider, they can access the EVS through the Automated Voice Response System (telephone) by calling 1-800-766-5387 and entering the MA recipient’s social security number and date of birth. The MA recipient eligibility and delivery system enrollment status must be verified to ensure that claims are submitted appropriately.