



### **180-Day Claims Exception Requests Process COVID-19**

To mitigate the spread of COVID-19 in Pennsylvania, Commonwealth employees who work in Dauphin County and the Capitol Complex were instructed to telework, beginning Monday, March 16, 2020. While teleworking, the Office of Long-Term Living (OLTL) has reduced access to the physical site where paper mail is delivered. Therefore, OLTL is implementing a temporary change in the processing of 180-Day Claims Exception Requests. OLTL is requesting that providers email their requests and supporting documentation to, [RA-ProviderOperation@pa.gov](mailto:RA-ProviderOperation@pa.gov) until further notice.

Please follow the below instructions when submitting 180-Day Claims Exception Requests via email.

**When submitting claims for 180-Day review electronically, please be sure to only send one email per recipient.**

#### **Subject line must include:**

- 1) 9-digit PROMISe™ Provider ID **and** four-digit service location code
- 2) Recipient First and Last name
- 3) From and To Dates of Service
  - a. Example: 123456789-0001 John Smith 1/1/2019-6/30/2019

#### **Nursing Facility claim requests must attach supporting documentation in the following order:**

- 1) MA 307 Signature Transmittal Form
  - a. Please include an email address on the signature line in addition to a telephone number.
- 2) UB-04 Claim Form completed correctly according to the Billing Guide.
  - a. [UB-04 Billing Guide for PROMISe™ Nursing Facilities for County and Non-Public Nursing Facilities and State Restoration Centers](#)
- 3) PA-162 Notice of Eligibility
- 4) PA 600L Application for Benefits, page 10; MA 51 Medical Evaluation; MA 103 Long Term Care Admission and Discharge Transmittal
  - a. Please include the available documentation, only one is necessary.
- 5) Third Party denied Explanation of Benefits (EOB), if necessary.



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DEPARTMENT OF HUMAN SERVICES

**Direct Care Provider claim requests must attach supporting documentation in the following order:**

1. 1500 Claim form completed correctly according to the billing guide.
  - a. [CMS-1500 Billing Guide for PROMISe™ Home Health Agencies](#)
2. Include documentation to support untimely billing.
  - a. Include letter on company letterhead detailing the reason for untimely filing.
    - i. This can be communication between the Provider and Service Coordination Agency.
  - b. Any updated service authorizations.

If you have any questions about this communication, please contact the OLTL Provider Helpline at 1-800-932-0939, Option 2.