



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 1, 2007	November 1, 2007	99-07-17

**SUBJECT**  
Continued Existence of the Fee-For-Service (FFS) Delivery System in HealthChoices Zones and Use of ACCESS Cards

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By Michael Nardone, Deputy Secretary  
Office of Medical Assistance Programs

**IMPORTANT REMINDER:** Have you obtained and registered your **National Provider Identifier (NPI) number**? Don't delay! Register with Medical Assistance to ensure smooth claims processing during the implementation of NPI. Learn more about it at <http://www.dpw.state.pa.us/Business/NPIinfo/>.

**PURPOSE:**

The purpose of this bulletin is to remind providers that the Fee-For-Service (FFS) delivery system is still operating in the HealthChoices Southeast Zone (Bucks, Chester, Delaware, Montgomery and Philadelphia counties), HealthChoices Southwest Zone (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland counties) and the HealthChoices Lehigh/Capital Zone (Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York counties).

This bulletin obsoletes MA Bulletin 99-06-05.

**SCOPE:**

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

**BACKGROUND:**

The Department of Public Welfare (Department) periodically reviews and reissues this MA bulletin to remind providers in counties covered by HealthChoices, the Department's mandatory managed care delivery system, that there are certain MA recipient groups excluded from participating in HealthChoices who remain in the FFS delivery system.

**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 website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

## **DISCUSSION:**

The Department has previously issued MA Bulletins (99-02-11, 99-00-01, 99-99-03, and 99-06-05) to remind providers that there will always be some MA recipients in the FFS delivery system, even in HealthChoices zones, and that all MA recipients are issued an ACCESS card, even those in managed care. Providers are again reminded 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.

In keeping with the Department's goals of providing access to quality health care and ensuring continuity of care for all MA recipients during the four-to-six week period between the recipient's initial MA eligibility determination and the effective date of their enrollment in the Physical Health (PH)-MCO (this period of time is commonly referred to as the FFS eligibility window), MA-enrolled providers participating in the network of a PH-MCO are reminded that they are prohibited from denying medically necessary services to that newly eligible MA recipient during his/her FFS window.

The following MA recipient groups will continue to be served in the FFS delivery system, even in HealthChoices zones, including:

- Newly eligible MA recipients while they are awaiting enrollment in a MCO.
- MA recipients with Medicare coverage, known as "dual eligibles"\*, who are 21 years of age or older. (Effective January 1, 2006)
- 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 have a change in eligibility status to a recipient group that is exempt from participating in HealthChoices, effective the month following the month of the change.
- MA recipients who have been admitted to a state-operated facility, i.e. Public Psychiatric Hospital, State Restoration Centers and Long Term Care Units located at State Mental Hospitals.
- MA recipients admitted to State-owned and operated Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and privately operated Intermediate Care Facilities for Other Related Conditions (ICFs/ORCs).
- MA recipients enrolled in the Health Insurance Premium Payment (HIPP) Program.
- MA recipients placed in a Juvenile Detention Center (JDC) who are initially determined MA eligible during JDC placement; and those MA eligible recipients who are enrolled in a HealthChoices MCO who remain in a JDC beyond 35 consecutive days.
- State-funded General Assistance MA recipients who are eligible for medical employability assessment only. These individuals are in the TD/55 category.
- MA recipients who are enrolled in the State Blind Pension (SBP) program.

- **MA recipients who are enrolled in the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program.**
- **MA recipients who reside in transitional care homes.**
- **MA recipients who are enrolled in the Autism Capitated Assistance Program (ACAP). (Effective January 1, 2008)**

Note: Effective August 1, 2007, ventilator-dependent recipients hospitalized for more than 30 days are no longer excluded from HealthChoices. Therefore, this group of MA recipients has been removed from the above list.

\*Persons determined eligible for MA who are also entitled to receive Medicare benefits under Part A or Part B are called dual eligibles.

Additionally, MA recipients residing in HealthChoices zones who are in the FFS window or are excluded from HealthChoices are not enrolled in ACCESS Plus. Therefore, to ensure access to care for all MA recipients, providers are strongly encouraged to continue to accept and serve these MA recipients who are in the FFS delivery system. 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.

### **PROCEDURE:**

Providers must verify MA recipient eligibility and delivery system enrollment status utilizing the Eligibility Verification System (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.