

Office of Medical Assistance Programs Fee-For-Service Subcommittee

February 8, 2023

Fed PHE status/guidance & “Unwinding”:

- Fed PHE order extended again on January 11, 2023, looks like the standard order for new 90-day period (until April 2023).
<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>
- Big change from last time, the fed CAA 2023 de-linked the “continuous eligibility” requirement from the PHE, effective March 31, 2023.
- This starts the eligibility part of “unwinding”, OIM will conduct redeterminations for all MA recipients over the following 12 months.
- OIM leads the “unwinding” eligibility work, they present updates at IMAC and a stakeholder subcommittee of the IMAC, and will also be invited to MAAC and FFS Sub to provide updates.
- PA’s unwinding plan is TBD, but some info is now on DHS website:
[Public Health Emergency and Medical Assistance \(pa.gov\)](https://www.dhs.pa.gov/public-health-emergency-and-medical-assistance)

Fed PHE status/guidance & “Unwinding”:

- Reinstatement of remaining PHE-suspended provider enrollment requirements, effective February 27, 2023. See MA Bulletin 99-22-11:
 - Missed site visits
 - Missed Fingerprint-based Criminal History Background
 - Missed ACA-required Enrollment Application Fees
- Providers who enrolled during the PHE-suspended requirements period and did not satisfy these participation requirements, were “temporarily enrolled” under terms of the CMS-approved COVID 19 waiver, and must complete these requirements as described in the MA Bulletin, to remain enrolled.
- During the PHE, the numbers of providers “temporarily enrolled” remained quite small overall, 1030 unique providers

Other FFS-related impacts under the CAA 2023:

As an early alert/FYI, the CAA 2023 also requires states to significantly enhance and expand the scope of on-line provider directories by July 1, 2025.

Key details:

- States must publish searchable, regularly updated directories on a public website.
- Updates must occur at least quarterly.
- Must include at minimum - physicians, *hospitals, pharmacies, MH service providers, SUD providers, and LTSS providers.*
- Must include at minimum - name, specialty, address, phone number, website (if available), *cultural and linguistic capabilities* including interpreter services, *whether the provider accepts new Medicaid patients, whether the provider accommodates individuals with physical disabilities, and whether telehealth services are offered.*
- Includes subcontractors who provide services to Medicaid members and receive Medicaid payments.
- Includes any providers receiving Medicaid payments from the state within the past 12 months.

Updated MA Desk Reference for Providers:

- We maintain a comprehensive MA Desk Reference for providers known as “Quick Tip 41”.
- It lists important contact numbers for many OMAP and DHS areas by topic/subject, from Provider Enrollment, to Prior Auth, Call Centers, other Program Offices and even a full list of current PH, BH and CHC MCOs and their contact numbers.
- In December 2022, we updated the MA Desk Reference (QT 41) and posted it to our website.

- PHE Temporarily Enrolled Providers
- We have a total of 1030 unique provider who have been temporarily enrolled between March 2020 through 02/03/23
- Approximately 600 of these providers were high risk and have not completed the Fingerprint/ Criminal Background Check

In order to remain enrolled notice will be sent providing 30 days for owners to have the screening completed.

Review Risk Levels- We align with federal screening levels

Providers will be assigned a risk level based on the Provider Type the are enrolling

We have three risk levels:

Limited- we screen for preclusion/ exclusion

Moderate- in addition to preclusion/exclusion we also conduct a Site Visit

High Risk- in addition to preclusion/exclusion and site visit we require owners to complete finger printing and a criminal background check

Portal Enhancements - Changes



The next update to the Provider Enrollment Portal will occur on February 23

Based on feedback from our larger provider groups we are making the following updates.

From the enrollment summary you will now be able to pull all group members fee assigned to the tax id you are logged into.

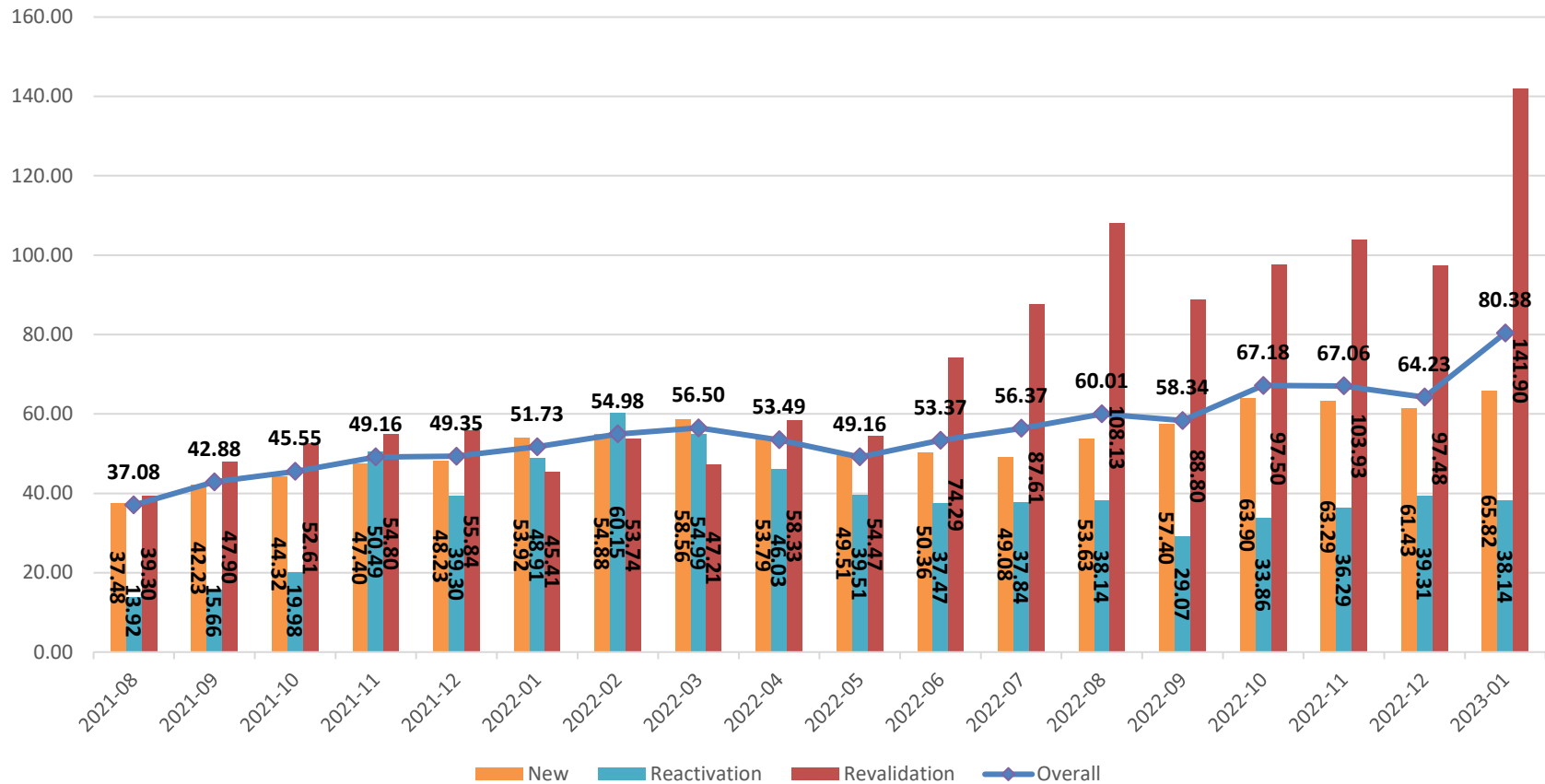
From the group login you will now be able to start changes, reactivation, or revalidation for you fee assigned group members

Enrollment



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Average Processing Times (in Work Days)



Provider Enrollment Tips



- Maintain your MA provider file POC information, keep it current and accurate. Know who your “enrollers or credentialers” identified as your POC!
- Make sure your enrollers submit reval apps **timely when due**. The locations **will stay open** while we process the apps, even if it takes us significant time to do it.
- Treat the application seriously. It is a legal agreement and a signed attestation to comply with a vast array of federal and state Medicaid rules...it is far more than just getting a “billing number”.
- Make sure your enrollers do good QC checks of your application content before submission. Minimize need to return apps for corrections and the associated delays. Your enrollers can and should check their app status in the portal.
- If you/your enrollers have questions about revalidation or enrollment status, **the best thing to do** is contact **MA enrollment staff** at: **800-537-8862 Option 2 Option 4**

180-Day Exceptions



Total number of Inpatient and Outpatient claims received each month for the year or 2022.

2022	IP	OP	Total
January	91	861	952
February	116	845	961
March	106	923	1029
April	116	754	870
May	91	1000	1091
June	95	785	880
July	91	903	994
Aug	109	838	947
Sept	94	889	983
Oct	110	964	1074
Nov	108	913	1021
Dec	65	735	800
Total	1192	10410	11602

All claims are manually reviewed and processed.

Inpatient Claims:

There were 283 IP Claims received during the 4th quarter reporting period. IP claims received from January 1, 2022, through December 31, 2022, have been reviewed and processed. Staff are currently reviewing/processing IP claims received in January 2023.

Outpatient Claims:

There were 2612 OP Claims received during 4th quarter reporting period. OP claims received from January 1, 2022, through August 31, 2022, have been reviewed and processed. Staff are currently reviewing/processing claims received in September 2022.

New 180 Day Process:

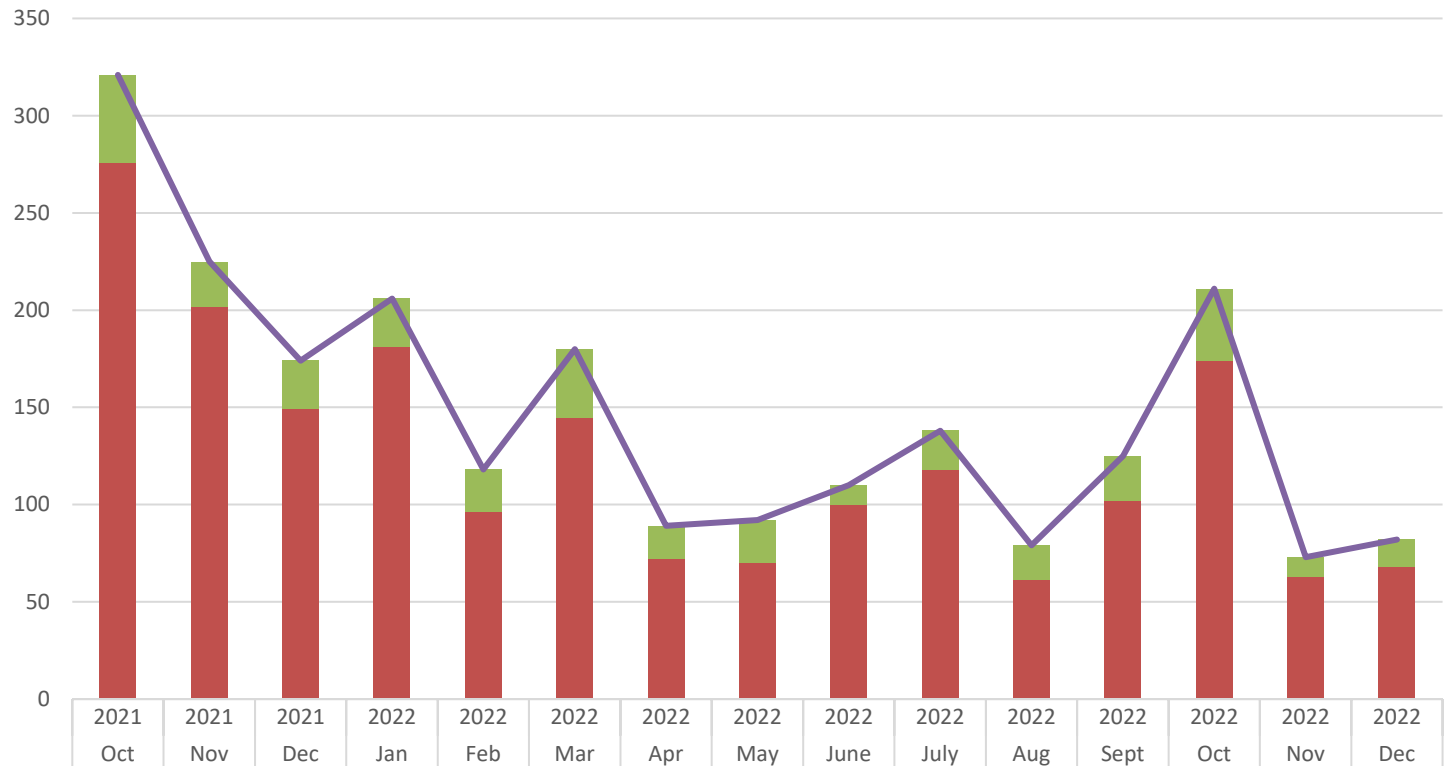
The electronic submission process for 180-day exception requests was scheduled to be released on December 16, 2022. The project has been temporarily postponed due to programming format issues. The implementation date is to be determined.

FFS providers will continue to submit 180-Day exception requests by mail.

Please refer to Quick Tip 263 that was updated on 01/20/2023.

180-Day Exceptions

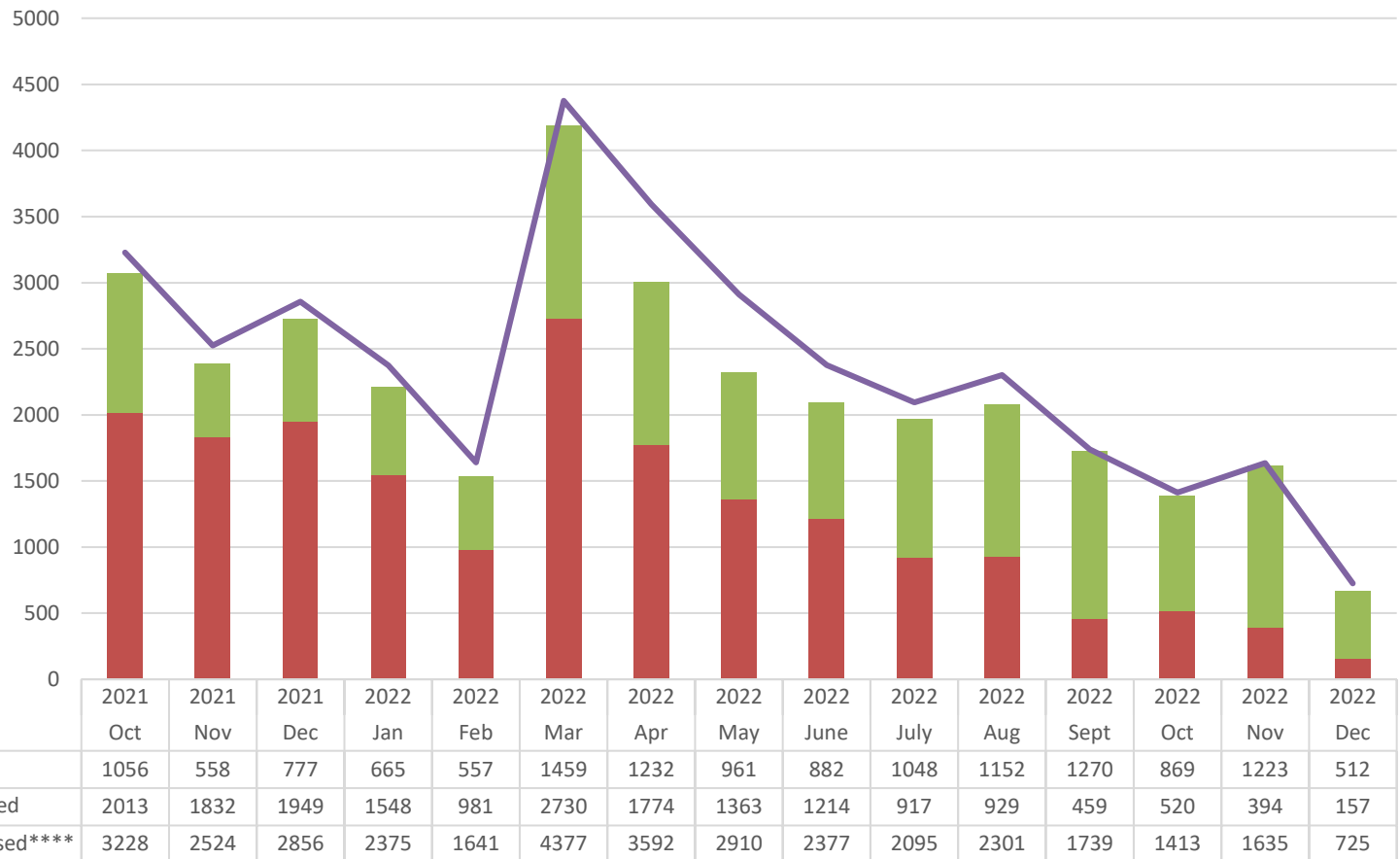
180 Day Inpatient Claims



# of Line Item Claims Denied	45	23	25	25	22	35	17	22	10	20	18	23	37	10	14
# of Line Item Claims Approved	276	202	149	181	96	145	72	70	100	118	61	102	174	63	68
# of Line Item Claims Processed****	321	225	174	206	118	180	89	92	110	138	79	125	211	73	82

180-Day Exceptions

180 Day Outpatient Claims

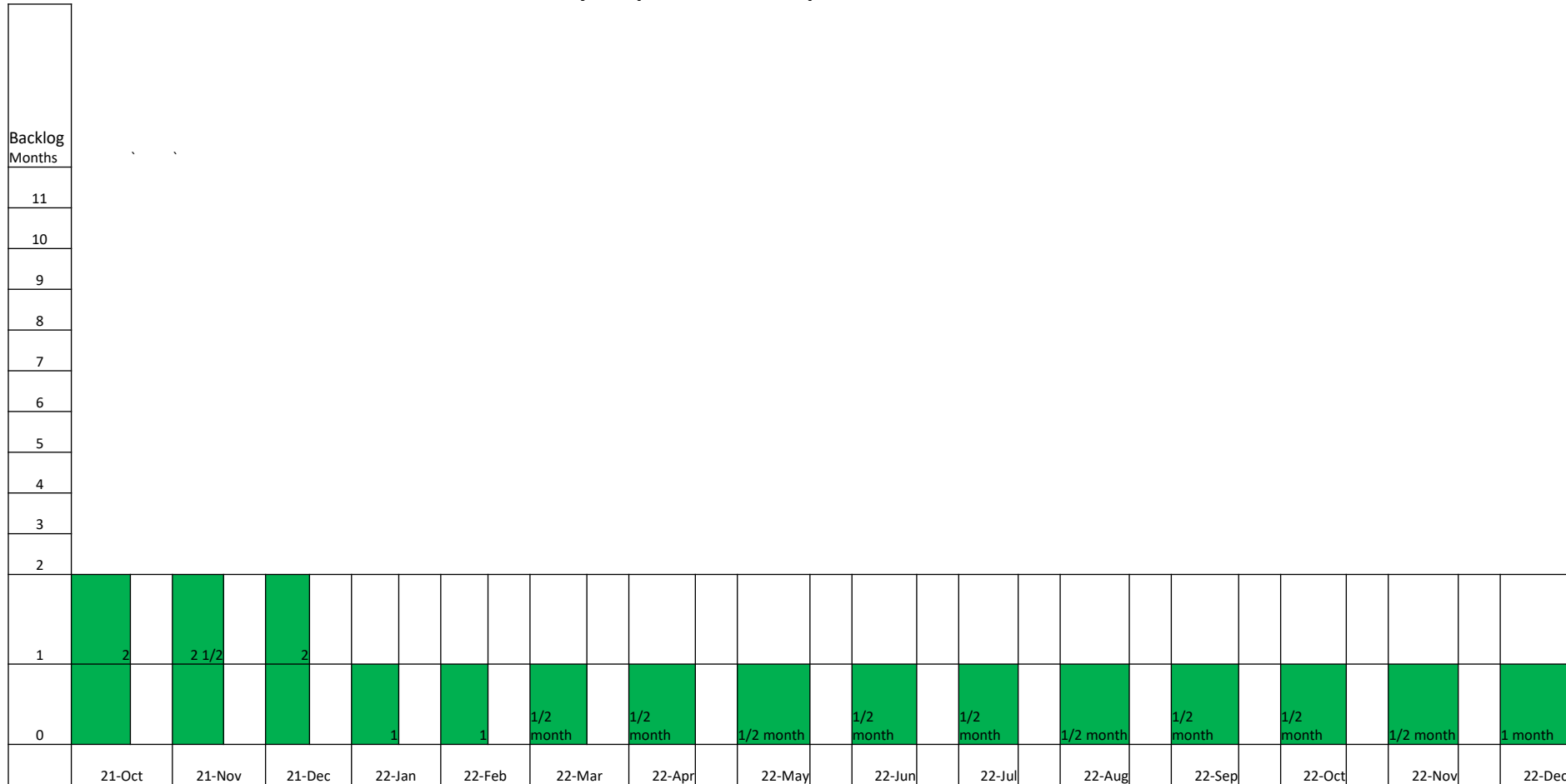


Top 3 Denial Reasons for IP and OP claims for this quarter are as follows:

1. There is no EOB attached or the EOB doesn't match the criteria for exception;
2. There was nothing submitted to meet any of the allowed criteria;
3. MA eligibility date was beyond the 60 days from the date we received it. We received the exception request too late to base the exception on the MA eligibility date.

180-Day Exceptions

180 Day Inpatient Gap

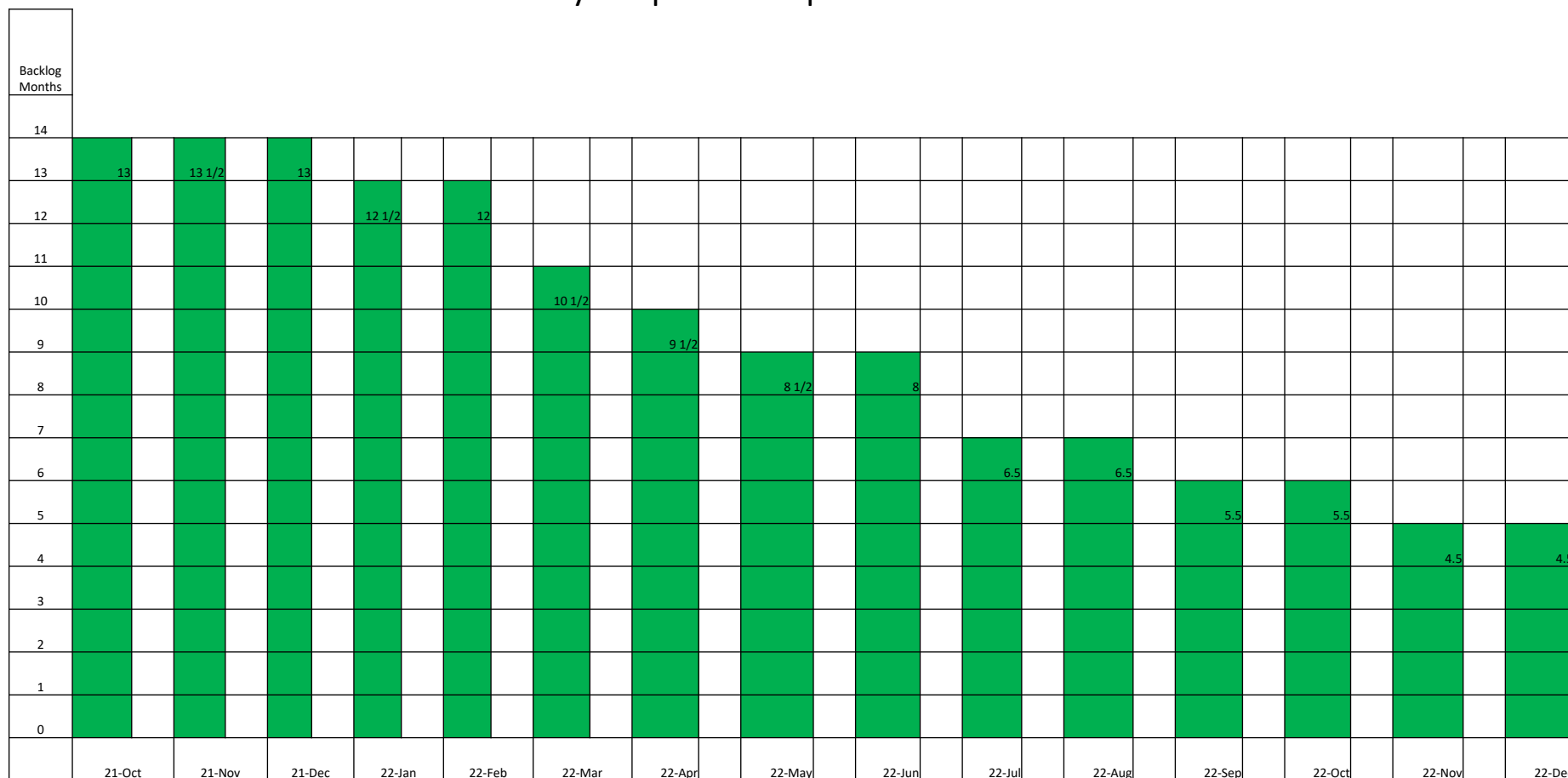


180-Day Exceptions



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180 Day Outpatient Gap



MABs Issued Since November Meeting:

1. [\(24-22-32\) "At-Home Over-The-Counter COVID 19 Tests"](#) Issued 11/10/22 and Effective 12/5/22
2. [\(05-22-14\) "Disposable Breast Milk Collection and Storage Bags and Breast Pump"](#) Issued 12/13/22, Effective 12/25/22
3. [\(99/22/11\) "Reinstatement of Provider Enrollment Requirements"](#) Issued 12/29/22, Effective 2/27/23
4. [\(01-23-01\) "Addition of Bivalent Booster Dose of the SARS-CoV-2 Vaccines Manufactured by Pfizer, Inc. and Moderna, Inc."](#) Issued and Effective 1/20/23
5. [\(26-23-02\) "2023 Ambulance Fee Increases"](#) Issued 1/26/23, Effective 1/1/23

Upcoming MABs to be Issued:

1. “Coverage of Shadow Nursing for Private Duty/Shift Nursing Services to MA Beneficiaries Under 21 Years of Age” (05-23-02)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services will begin covering shadow nursing for private duty/shift nursing services provided to MA beneficiaries under 21 years of age, effective with dates of service on and after January 1, 2023.

2. “Administration of Booster Dose of SARS-CoV-2 Vaccine Manufactured by Novavax” (01-22-77)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services added Current Procedural Terminology code 0044A to the MA Program Fee Schedule for the administration of the booster dose of the SARS-CoV-2 vaccine manufactured by Novavax in response to the COVID-19 pandemic.

3. “Medical Assistance Program Fee Schedule Revisions” (99-23-01)

Description: The purpose of this bulletin is to advise providers of Codes being added and adjusted on the MA Program Fee Schedule

4. Updates to Appendix E – FQHC/RHC Manual of the Medical Assistance PROMISe™ Provider Handbook” (08-23-01)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) has updated the Appendix E – Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC) manual of the Medical Assistance (MA) Program PROMISe™ 837 Professional/CMS-1500 Claim Form Provider Handbook.

Questions & Answers



Questions & Answers



Question:

Request for contact info for OIM Acting Deputy Secretary.

Answer:

Scott Cawthern, who was their Chief of Staff (COS) previously is the acting OIM Deputy Secretary.

Please see contact info below:

Scott G Cawthern | Acting Deputy Secretary
Department of Human Services | Office of Income Maintenance
Deputy Secretary's Office | Health and Welfare Building
625 Forster Street Room 432
Harrisburg, PA 17120
Phone: 717-772-2588 | Fax: 717-787-0258

Question:

Will the Prudent Pay change after the PHE has ended and is there a plan in place?

Answer:

The Bureau Data Claims Management (BDCM) reported that the prudent pay will not be resuming at the end of the PHE. At this time there is no plan to turn it back on. BDCM is currently working on a Quick Tip to formally communicate to the provider community as well as removing this activity from the PHE.