

Policy Clarifications - Medicaid - All PMA15966304

Submitted: 10/17/11

Agency: CAOs

Citations:

Subject: Agents of Medical Assistance (MA) Providers

Can an application that is submitted by an organization on behalf of an MA provider be treated as an MA provider application?

Response By: Division of Health Services

Date:10/17/11

Yes. An organization that submits an application on behalf of an MA provider is an agent of the MA provider and the application will be treated as an MA provider application.

An agent of an MA provider is an organization that offers services to the MA provider to obtain reimbursement for patient care. The MA provider allows the agent to use the MA provider number on application documents when seeking reimbursement.

For Commonwealth of Pennsylvania Access to Social Services (COMPASS) applications submitted by an MA provider or agent of an MA provider, the County Assistance Office (CAO) will use the "date of first admission or treatment" as the date of application. For paper applications (PA 600 series) submitted by an MA provider or agent of an MA provider, the CAO will use the earliest date of signature on the application as the date of application.

Updates to COMPASS will allow agents of MA providers with a non-MA provider number to enter the "date of first admission or treatment" up front through the non-MA provider option. By entering this information up front, the "date of first admission or treatment" will display on the front page of the COMPASS application and the CAO will quickly be able to identify the application as an MA provider application. If the information is not displayed on the front page of the application, but is noted in the 'Comments' section, the CAO will follow the same procedures.

Provider applications will be subject to a 180-day submission time frame; this does not include the normal retroactive period. The 180-day limit mirrors the requirement in 55 Pa. Code § 1101.68(b)(1) that requires a provider to submit original or initial invoices to the Department within a maximum of 180 days. For COMPASS applications, the "date of first admission or treatment" is the date of application as long as the "date of first admission or treatment" falls within 180 days from the e-Submission date. If the "date of first admission or treatment" is

outside of the 180-day period and subsequent bills are within the 180-day period, the CAO will use the earliest medical service date within the 180-day period as the date of application. For paper applications, the CAO will use the earliest date of signature as the date of application as long as the earliest date of signature falls within 180 days from the CAO date stamp.

EXAMPLE: An agent of an MA Provider submits a COMPASS application on 7/1/11. An itemized bill shows medical expenses were incurred 10/15/10, 11/15/10, 12/21/10, and 2/7/11. The first date of treatment is 10/15/10, but this is not within the 180-day submission time frame. The CAO will use the medical bill of 2/7/11 as the date of application as it is the earliest medical service date within the 180-day period. The MA retroactive period can begin as early as 11/1/10.

The CAO will use Reason Code 337 Option B to reject the request for coverage of medical expenses that does not meet the 180-day requirement.