SCOPE: County Mental Health/Mental Retardation Administrators
Targeted Service Management Provider Directors
Base Service Unit Directors

PURPOSE:

The purpose of this Bulletin is to provide Third Party Liability claims processing changes that affect Targeted Service Management service providers.

BACKGROUND:

Since implementation of Targeted Service Management in January 1993, the Office of Mental Retardation has required that Targeted Service Management providers comply with Medical Assistance third party reimbursement requirements. Many providers reported that no third party coverage was available for case management services for persons with mental retardation in Pennsylvania and requested that the Office of Mental Retardation investigate alternatives to satisfy Third Party Liability requirements that would save time, effort and expense.

The Office of Mental Retardation received documentation from 14 insurance companies, including Medicare and Blue Cross/Blue Shield, stating that they do not provide coverage for case management services for persons with mental retardation.

In 1990, the Department's Bureau of Financial Operations eliminated Provider Type 32 from the Medical Assistance claims processing Third Party Liability edits. At that time, concurrence was received from the Health Care Financing Administration for removal of case management providers from the Third Party Liability process. The Bureau of Financial Operations has sole responsibility for maintenance of the MAMIS Third Party Liability Parameter File.

REFER COMMENTS AND QUESTIONS TO:
Adele R. Miller, Office of Mental Retardation, Targeted Service Management Unit, Room 512 Health and Welfare Building, Harrisburg, PA 17120,
Telephone: (717) 783-2373; FAX: (717) 787-6583
DISCUSSION:

Effective immediately, Targeted Service Management providers may discontinue submitting claims to third party insurers prior to sending the claim to the Office of Medical Assistance for processing. This memorandum applies only to Targeted Service Management providers and will be retroactive to the counties'/providers' enrollment in Targeted Service Management.

References to third party resource responsibility in Targeted Service Management documents (Medical Assistance/Targeted Service Management Handbook, Training Material, etc.) will be updated as priorities and time permits. In the meantime, please make pen and ink changes as needed.

When completing a Physician's Invoice/Medical Services/Supplies Invoice (MA319) or the Claim Adjustment (MA319A) these items which relate to resource information will be left blank.

Item 7. Resource Code (Leave Blank)
Item 8. Health Insurance Name and Address (Leave Blank)
Item 9A. Policy Number (Leave Blank)
Item 9B. Group Number (Leave Blank)

The following items on the Medical Assistance claim forms will continue to require certain information, however; resource information is not required.

Item 40. Number of Attachments (Leave Blank)

Item 41. Attachment Type (Code 17-State Match Verification still required. Attachment codes related to resources are not required)