SCOPE:

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

PURPOSE:

The purpose of this Bulletin is to inform Targeted Service Management (TSM) participating Counties/Providers of the process to request 180-day exceptions and invoice submission time frames.

BACKGROUND

Medical Assistance Regulation Chapter 1101.68, Invoicing for Services, establishes that all providers of Medical Assistance (MA) are required to submit original invoices no later than 180 days from the end date of service unless the invoice meets specific criteria of the 180-day exception process.

This Bulletin addresses the 180-day exception process exclusively for providers of TSM services, and general MA invoice submission time frames.

DISCUSSION

An invoice which is submitted within the 180-day deadline, but rejected due to provider error may be resubmitted. Providers must include the Claim Reference Number (CRN) and the Remittance Advice (RA) Number in the Remarks Section of the resubmitted invoice in order for payment to be made. All resubmitted invoices, including claim adjustments, must be received for final adjudication within 365 days of the end date of service.

Providers can verify the Department's receipt of an invoice by noting the assignment of a ten digit CRN which appears in the second column of the RA. The first digit of the CRN indicates the year; the next three (3) digits indicate the Julian calendar date on which the claim was received; the last six (6) digits further identify the invoice to the Department.

REFER COMMENTS AND QUESTIONS TO:
Office of Mental Retardation, Targeted Service Management Unit,
Room 512 Health and Welfare Building, Harrisburg, PA 17120,
Telephone: (717) 783-2376; FAX: (717) 787-6583
If an invoice fails to appear on an RA within 45 days from the date of submission, it must be resubmitted. Likewise, if an invoice is pended and does not appear on the RA as approved or rejected, the claim may be resubmitted after 45 days from the RA date.

Original invoices received after 180 days from the end date of service will be rejected (Edit 159) unless specific criteria for a 180-day exception are met.

Criteria:

A request for a 180-day exception must meet one of the following criteria:

1. The provider requested payment from a third party insurer within 60 days of the end date of service. The Department must receive the provider's 180-day exception request within 60 days of the date indicated on the third party denial or approval. (Refer to Mental Retardation Bulletin #00-94-14, Targeted Service Management and Third Party Liability.)

2. A provider enrolls in the MA program to receive federal reimbursement for TSM services and the service begin date is retroactive. The submission of invoices for all days beyond the 180-day limit, due to late enrollment, must be submitted within 90 days of the actual enrollment date.

3. Due to a delay in the establishment of a provider's interim rate/contract finalization for a Fiscal Year, providers may submit claim adjustments beyond the 180-day limit. Along with the claim adjustments, send a copy of the updated Provider Notice with new interim rate issued by OMAP. Note in the remarks section of the claim adjustment that the exception is due to a delayed rate. Any requests for exception must be submitted within 60 days of the date of the Provider Notice or the request will be denied. Also, the claim adjustments must be completed without error, as the provider will have only one opportunity to request this type of payment.

**PROCEDURE**

To submit a 180-day Exception Request, the provider must take the following steps:

1. Check the invoice in question to determine if it meets any of the above cited criteria.

2. Complete an original invoice (the MA319 must be a signed original - no file copies or photo copies will be accepted). 180-day exception invoices may be submitted on diskette, tape, or pinfed (MA319C) or original (MA319).
3. Complete a 180-day Exception Request letter stating the reason(s) for the request.

4. Do not fold or staple the forms (use a large envelope).

5. Send the 180-day Exception Request letter, and completed invoices to your Office of Mental Retardation (OMR) TSM Regional Representative for preliminary review. When the provider is other than the county, send the county a copy of the request letter.

The OMR/TSM Regional Representatives are identified as follows:

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<thead>
<tr>
<th>OMR Central Region</th>
<th>OMR Western Region</th>
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<tbody>
<tr>
<td>Mary Yingst</td>
<td>Darla Perry</td>
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<tr>
<td>Office of Mental Retardation</td>
<td>Office of Mental Retardation</td>
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<tr>
<td>Harrisburg State Hospital</td>
<td>300 Liberty Avenue</td>
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<tr>
<td>Willow Oak Building</td>
<td>Pittsburgh, PA 15222</td>
</tr>
<tr>
<td>Harrisburg, PA 17105</td>
<td>Phone: (412) 565-7552</td>
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<td>Phone: (717) 772-6493</td>
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<tr>
<th>OMR Northeast Region</th>
<th>MR Southeast Region</th>
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<tr>
<td>Jule Wnorowski</td>
<td>Shelley Zaslow</td>
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<tr>
<td>Office of Mental Retardation</td>
<td>Office of Mental Retardation</td>
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<tr>
<td>100 Lackawanna Avenue</td>
<td>1400 Spring Garden Street</td>
</tr>
<tr>
<td>Scranton, PA 18503</td>
<td>Philadelphia, PA 19130-4064</td>
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<tr>
<td>Phone: (717) 963-4749</td>
<td>Phone: (215) 560-2242</td>
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The OMR/TSM Regional Representatives will review the request for completeness and merit, and forward it with their recommendation to:

Department of Public Welfare
Office of Mental Retardation
TSM Unit
P.O. Box 2675
Harrisburg, PA 17105-2675

The Department may request additional documentation to justify approval of a 180-day exception. If the requested information is not received within 30 days from the date of the Department's request, a decision will be made based on available information.

Providers will receive a letter stating the Department's decision (approval or denial). The fact that the Department approves a 180-day exception request does not guarantee that the claim will not be rejected by MAMIS for reasons other than time requirements.
Claims granted a 180-day exception by the Office of Mental Retardation and rejected by MAMIS due to provider error may be resubmitted for payment up to 365 days from the end date of service. Please send the corrected 180-day submissions to the Targeted Service Management Unit with a brief letter of explanation that these are resubmitted 180-day exception invoices. Do not submit corrected 180-day exception invoices to MAMIS.

180-day exception requests that are denied by the Department will be returned to the provider with a letter of explanation. The provider has the right to appeal the decision within 30 days of the date on the denial letter. Each appeal must contain a concise statement explaining the basis for the appeal along with a copy of the denial letter. Send the appeal to:

Department of Public Welfare
Director, Office of Hearing and Appeals
P.O. Box 2675
Harrisburg, PA 17105

Previous correspondence on this topic dated April 27, 1994, is superseded by this Bulletin.