SCOPE:

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

PURPOSE:

The purpose of this bulletin is to notify counties/providers of changes to the Targeted Service Management (TSM) Handbook dated September 1994 and Mental Retardation Bulletin #00-94-15 issued April 20, 1994 and entitled "Targeted Service Management Technical Assistance Packet".

BACKGROUND:

Changes and replacement pages are being supplied to keep the counties/providers up to date in meeting Medical Assistance billing requirements. In the event substantial changes are made, a new TSM Handbook will be printed and distributed to all providers. Meanwhile, we will continue to update TSM counties/providers through this process. Any enrolled county/provider who does not currently have a TSM Handbook or Technical Assistance Packet should contact the TSM Unit at the number identified below.

REFER COMMENTS AND QUESTIONS TO:
Office of Mental Retardation, Targeted Service Management Unit, Room 512 Health and Welfare Building, Harrisburg, PA 17105. Telephone: (717) 783-5314; FAX: (717) 787-6583
PROCEDURE:

Effective immediately, the existing TSM Handbook and Technical Assistance Packet should be updated by replacing the pages identified below with the attached:

**TSM HANDBOOK:**

Section I: General Information - Replace with new pages I-7, I-8, I-9, I-10.

Section II: Recipient Eligibility - Replace with new page II-3.

Section V: Billing Information - Replace with new pages V-5, V-5A, V-13, V-14, V-27, V-43, V-44

Appendix A: County Assistance Offices, Regional Mental Retardation Offices and County Mental Health/Mental Retardation Offices - Replace with new pages A-9 through A-12.

Appendix D: Non-FFP Categories of Assistance - Replace with new page entitled "Non-FFP Categories of Assistance".

**TSM TECHNICAL ASSISTANCE PACKET:**

Section IV: County Programs and Fiscal Issues - Replace with new page IV-2.

Section VI: TSM Administration - Replace with new page VI-2.

Section VIII: State Match Verification - Replace with new pages VIII-1, VIII-2.

Section IX: Third Party Resources - Replace with new page IX-1.

Section X: Invoice Completion/Billing Issues - Replace with new page X-1.

Section XI: Data Systems - Replace with new pages XI-1, XI-2.
F. Submission and Resubmission of Invoices

Mail completed invoices and claim adjustments for Targeted Service Management to:

Department of Public Welfare
Office of Medical Assistance Programs
P.O. Box 8297
Harrisburg, PA 17105-8297

Send completed HCFA 1500 invoices to:

Department of Public Welfare
Office of Medical Assistance Programs
P.O. Box 8194
Harrisburg, PA 17105-8194

The Department must receive the following types of claims within the specified time frame; otherwise, the claim will not be processed for payment unless an exception is granted:

<table>
<thead>
<tr>
<th>Type of Claims</th>
<th>Time Frames</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Invoice</td>
<td>180 days from the date the service was rendered.</td>
</tr>
<tr>
<td>Claim Adjustment</td>
<td>365 days from the date the service was rendered.</td>
</tr>
<tr>
<td>Resubmitted Claim</td>
<td>365 days from the date the service was rendered.</td>
</tr>
</tbody>
</table>

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 CRN contains the Julian calendar date on which the claim was received.

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.
Please use the envelopes supplied by the Department or envelopes large enough to accommodate the invoices without folding. Folding or stapling invoices interferes with the microfilming process. Please be sure to include your return address on the envelope.

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

A written request for an exception to any of the above time frames must accompany the invoice(s) and be submitted to your Office of Mental Retardation, Targeted Service Management Regional Representative.

The OMR/TSM Regional Representatives are identified as follows:

<table>
<thead>
<tr>
<th>OMR Central Region</th>
<th>OMR Western Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Yingst</td>
<td>Paul Fronko</td>
</tr>
<tr>
<td>Office of Mental Retardation</td>
<td>Office of Mental Retardation</td>
</tr>
<tr>
<td>Harrisburg State Hospital</td>
<td>300 Liberty Avenue</td>
</tr>
<tr>
<td>Willow Oak Building</td>
<td>Pittsburgh, PA 15222</td>
</tr>
<tr>
<td>Harrisburg, PA 17105</td>
<td>Telephone: (412) 565-2159</td>
</tr>
<tr>
<td>Telephone: (717) 772-6493</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OMR Northeast Region</th>
<th>OMR Southeast Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jule Wnorowski</td>
<td>Patricia Brodeur</td>
</tr>
<tr>
<td>Office of Mental Retardation</td>
<td>Office of Mental Retardation</td>
</tr>
<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>
</tr>
<tr>
<td>Telephone: (717) 963-4749</td>
<td>Telephone: (215) 560-2243</td>
</tr>
</tbody>
</table>

A 180-day exception request will be granted only if the deadline date for submission of the claim could not be met due to one of the following reasons:

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 MR Bulletin #00-94-14, TSM and Third Party Liability, in the Bulletin Section of this Handbook.)

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.

Updated October 1, 1996
3. Due to a delay in the establishment of a provider's annual 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 annual 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.

   If the 180-day exception is granted, the invoice will be forwarded to the OMAP for payment processing. If not, the invoice will be returned to the provider with a letter stating the reason for denial.

G. Reordering Procedure

   You may reorder billing material by using the Medical Assistance Provider Order Form (MA 300X) that you received from the Department. If you do not have an order form, you may contact the TSM Unit at (717) 783-5314.

   To complete the order form:

   (1) include your MA provider number and provider type; if it is not already listed;

   (2) provide the name, telephone number and street address to which you want your order shipped (P.O. Box numbers alone are not sufficient for delivery of bulk material);

   (3) list the form number and quantity needed by unit of packaging;

   (4) include signature and date; and,

   (5) use the order form as the self-mailer for which it is intended.

Please note the following:

1. Continuous pinned claim invoice forms have a designation of "C" following the form number (i.e., MA 319C). If you want the continuous pinned claim invoice form, you must request that form on the MA 300X; otherwise, you will receive the snap set version.
SAMPLE ACCESS CARD

ACCESS

RECIPIENT #: 1502288027
SS#: 777-88-2222
NAME: DOE, MARY A
CARD ISSUE #: 00

AUTHORIZED SIGNATURE
Pennsylvania Access Card
Department of Public Welfare
Commonwealth of Pennsylvania

MISUSE OR ABUSE OF THIS CARD MAY MAKE YOU LIABLE FOR
CIVIL ACTION AND/OR CRIMINAL PROSECUTION

Return Postage Guaranteed. If found, drop in nearest United States Mail Box.
Return to Department of Public Welfare
Harrisburg, PA 17105

To Report Fraud & Abuse Call:

Updated October 1, 1996
space between data in the blocks. Do not use script or compressed print. Invoices must not be folded.

For more information concerning the OCR billing mode, contact:

EDS/PA Medical Assistance Project
275 Grandview Avenue
Camp Hill, PA 17011
Phone: (717) 975-6045

5. **Recipient Signature Requirement for Billing**

All invoices must have either the recipient's signature or the words "Signature Exception appearing on V-27, Item 47. An individual does not have to sign billing invoices in order for the provider to receive payment. This requirement has been waived for TSM providers.

The individual or a representative (legal guardian, family member or advocate) must continue to sign a service plan or addendum to the plan which states that the individual chooses to receive case management services. The provider may only sign for an individual when the person cannot sign, make a mark, or indicate his/her intent or have a representative sign. The signature represents consent to receive the services, not authorization to bill Medical Assistance. No authorization from the recipient is required before the provider or county can bill Medical Assistance.

The county or contracted provider is responsible to ensure that the individual service plan or addendum to the plan is updated on an annual basis. It must be maintained on file for at least four (4) years and must be available for review and copy by State and Federal officials or their duly authorized representatives.

6. **Encounter Form**

An individual does not have to sign the encounter form in order for the provider to receive payment. This requirement has been waived for TSM providers. However, the individual or his/her representative (i.e., legal guardian, family member or advocate) must sign a current service plan or addendum to the plan which states that he/she chooses to receive case management services. The county or its delegate is responsible to ensure that this statement is maintained and appropriately updated on an annual basis.
The provider may only sign for an individual when he/she cannot sign, make a mark, or indicate his/her intent, or have a representative sign on his/her behalf.

The service plan or addendum containing the individual's signature must be maintained on file for at least four (4) years and must be available for reviewing and copying by State and Federal officials or their duly authorized representative.
INDIVIDUAL INFORMATION

Items 1 through 9 of the MA 319 involve individual information. The information is obtained from the recipient's Pennsylvania ACCESS card and by contacting the Eligibility Verification System (EVS).

Commonwealth of Pennsylvania
Medical Assistance Program
PHYSICIAN'S INVOICE
OR
MEDICAL SERVICES/SUPPLIES INVOICE

CRN
Claim Reference Number
(Leave Blank)

DO NOT COMPLETE THIS ITEM. The Claim Reference Number is assigned to the Medical Services Invoice by the Department. This number will identify this claim on your Remittance Advice. The Claim Reference Number should be used for inquiries to the Office of Mental Retardation regarding this claim.

Item 1
Recipient Number
(Must)

You must enter the 10-digit recipient number located on the individual's plastic ACCESS Card.

Item 2
Case Number
(Leave Blank)
(Co., Record Number, Category, Control Digit)

You must enter the two-digit county code, the seven digit record number, all category symbols, and the one-digit control number.

NOTE:
Complete Item 1. DO NOT complete Item 2.

V - 13

Updated October 1, 1996
NOTE: The Department has obsoleted the case number as the identifying number for the recipient. The Department replaced the case number with the ten-digit recipient number located on the Pennsylvania ACCESS Card. This process is completed and Item 2 is a (Leave Blank) field.

Item 3 Line Number (Leave Blank)

Complete Item 1, leave this field blank.

Item 4 Patient's Name (Optional)

Enter the patient's last name, first name and middle initial, if any, in the appropriate boxes.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson</td>
<td>Gerald</td>
<td>E.</td>
</tr>
</tbody>
</table>

The patient's name is not keypunched. The names appearing on the Remittance Advice are taken from the Department's computerized list of recipients. If the case number or recipient number you have recorded on the invoice does not match with a number on the Department's file, a blank space will appear on the Remittance Advice where the patient name would normally appear.

Item 5 Birthdate (Optional)

Enter the patient's birthdate in six-digit format (month, day, year). Enter a zero to the left of all one-digit numbers. For example, if the patient birthdate is November 9, 1957, enter:

<table>
<thead>
<tr>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 09 57</td>
</tr>
</tbody>
</table>

Item 6 Sex (Optional)

Enter the appropriate letter: M (Male), F (Female).
Item 45  Provider's Signature  *(Must)*

The provider rendering the service must sign the invoice. The signature certifies that the service has been provided in accordance with Medical Assistance regulations. A signature stamp is acceptable for TSM services, and the provider authorized its use and assumes responsibility for the information on the invoice.

ALL UNSIGNED INVOICES WILL BE RETURNED TO YOU

NOTE: For machine printed continuous form invoices or magnetic tape billing, please refer to pages V-1 through V-7 for special instructions concerning signature requirements on the MA 307, Signature Transmittal Form.

Item 46  Invoice Date  *(Must)*

Enter the date the invoice is being submitted to the Department for processing. Use a six-digit format for all dates. For example, if the submission date is October 30, 1994, enter:

```
Invoice Date
103094
```

Item 47  Recipient's Signature  *(Must)*

All invoices must have either the recipient's signature or the words "signature exception" appearing in this item. An individual does not have to sign billing invoices in order for the provider to receive payment. This requirement has been waived for TSM providers. However, the individual or his/her representative (i.e., legal guardian, family member or advocate) must sign a current service plan or addendum to the plan which states that he/she chooses to receive case management. The county or its delegate is responsible to ensure that this statement is maintained and appropriately updated on an annual basis.

The provider may only sign for an individual when he/she cannot sign, make a mark, or indicate his/her intent, or have a representative sign on his/her behalf.

The service plan or addendum containing the individual's signature must be maintained on file for at least four (4) years and must be available for reviewing and copying by State and Federal officials or their duly authorized representatives.
PATIENT INFORMATION

Commonwealth of Pennsylvania

Medical Assistance Program

PHYSICIAN'S or
MEDICAL SERVICES/SUPPLIES
CLAIM ADJUSTMENT

Claim Reference Number

DO NOT COMPLETE THIS ITEM. The Claim Reference Number is assigned to the Claim Adjustment Form by the Department. This number will identify this adjustment on your Remittance Advice. The Claim Reference Number should be used for inquiries to the Department regarding the claim.

Item 1 Recipient Number (Must)

This item must be completed with exactly the same ten-digit number listed on the Remittance Advice.

Item 2 Case Number (Leave Blank)

(Leave Blank) (Co., Record Number, Category, Control Digit, Line Number)

Do not use Case Number for submission of the approved claim.

NOTE: To return money paid under the wrong recipient identification information (use the recipient ID number), a Claim Adjustment Form must be submitted for each paid claim line. Enter three (3) zeros in the Usual Charge Block Item (29N) of

V - 43

Updated October 1, 1996
the adjustment form. Indicate the reason for the adjustment in the Remarks Section. Use the individual’s name, and the Recipient ID Number shown on the Remittance Advice. In addition, a new invoice (MA 319) must then be submitted using the correct recipient's identification information.

Item 4  Patient’s Name  (Optional)

Complete the individual’s name exactly as it appears on the Remittance Advice. (See note above for returning money paid under the wrong name.)

Item 5  Birthdate  (Optional)

Item 6  Sex  (Optional)

Item 7  Resource Code  (Leave Blank)

Item 8,  Other Insurance, Name and Address, and Policy Number
9A and 9B  (Leave Blank)
MR REGIONAL OFFICES AND COUNTY MH/MR OFFICES

Northeast MR Region
Scranton State Office Building
100 Lackawanna Avenue
Scranton, PA 18503
Phone: (717) 963-4391

Berks County MH/MR Program
Berks County Services Building
633 Court Street, Dept. 504
Reading, PA 19601-4301
Phone: (610) 478-4900

Schuylkill County MH/MR Program
420 North Centre Street, Room #2
Pottsville, PA 17901-1729
Phone: (717) 628-1180 or (717) 628-5770

Bradford/Sullivan MH/MR Program
RD #1, Box 179-A
Towanda, PA 18848
Phone: (717) 265-2211

Tioga County Human Services Program
118 Main Street
P.O. Box 766
Wellsboro, PA 16901
Phone: (717) 724-5766

Carbon/Monroe/Pike MH/MR Program
720 Phillips Street
Stroudsburg, PA 18360-2224
Phone: (717) 421-2901

Lehigh County MH/MR Program
Commonwealth Building, Suite 202
512 Hamilton Street
Allentown, PA 18101
Phone: (610) 820-3124

Lackawanna/Susquehanna/Wayne MH/MR Program
Room 501 Lackawanna County Office Building
200 Adams Avenue
Scranton, PA 18503
Phone: (717) 346-5741

Luzerne/Wyoming MH/MR Program
111 North Pennsylvania Boulevard
Wilkes-Barre, PA 18701
Phone: (717) 825-9441

Northampton County MH/MR Program
520 East Broad Street, 2nd Floor
Bethlehem, PA 18018-6395
Phone: (610) 974-7500

Updated October 1, 1996
Southeast MR Region
Philadelphia State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130
Phone: (215) 560-2247

Bucks County MH/MR Program
600 Louis Drive, Suite 101
Warminster, PA 18974
Phone: (215) 442-0760

Chester County MH/MR Program
601 Westtown Road, Suite 340
West Chester, PA 19382-4524
Phone: (610) 344-6265

Delaware County MH/MR Program
20 South 69th Street Fourth Floor
Upper Darby, PA 19082
Phone: (610) 713-2330

Montgomery County MH/MR Program
Montgomery County Courthouse
Swede and Airy Streets
Norristown, PA 19404
Phone: (610) 278-3642

Philadelphia County Office of MH/MR
1101 Market Street, 7th Floor
Philadelphia, PA 19107-2907
Phone: (215) 685-5460

Updated October 1, 1996
Central MR Region
Department of Public Welfare
OMR - Central Region
Willow Oak Building, Room 430
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 772-4906

Franklin/Fulton MH/MR Program
425 Franklin Farm Lane
Chambersburg, PA 17201
Phone: (717) 264-5387

Juniata Valley Tri-County MH/MR Program
564 Buck Maitland Road
Lewistown, PA 17044-1626
Phone: (717) 242-6647

Lancaster County Office of MH/MR Program
Box 83480
Lancaster, PA 17608-3480
Phone: (717) 299-8021

Lebanon County MH/MR Program
220 East Lehman Street
Lebanon, PA 17042
Phone: (717) 274-3415

Lycoming/Clinton MH/MR Program
Sharewell Building
200 East Street
Williamsport, PA 17701-6613
Phone: (717) 326-7895

Northumberland County MH/MR Program
370 Market Street, 1st Floor
Sunbury, PA 17801
Phone: (717) 988-4178

York/Adams MH/MR Program
100 West Market Street
York, PA 17401
Phone: (717) 771-9618

Bedford/Somerset Office of MH/MR Program
330 South Kimberly Avenue
Somerset, PA 15501
Phone: (814) 443-4891

Blair County Office of MH/MR Program
222 Lakemont Park Blvd.
Altoona, PA 16602
Phone: (814) 942-7888

Cambria County MH/MR Program
201 North Julian Street
 Ebensburg, PA 15931
Phone: (814) 472-6422

Centre County MH/MR Program
420 Holmes Street
Bellefonte, PA 16823-1401
Phone: (814) 355-6782

Columbia/Montour/Snyder/Union MH/MR Program
Box 219A
Danville, PA 17821
Phone: (717) 275-5422

Cumberland/Perry MH/MR Program
Human Services Bldg
16 West High Street
Carlisle, PA 17013
Phone: (717) 240-6325

Dauphin County MH/MR Program
25 South Front Street
Harrisburg, PA 17101-2025
Phone: (717) 255-2890

A - 11

Updated October 1, 1996
Allegheny County MH/MR Program
304 Wood Street
Pittsburgh, PA 15222
Phone: (412) 350-4280

Armstrong/Indiana MH/MR Program
Armsdale Administration Building
RD #8, Box 293
Kittanning, PA 16201
Phone: (412) 548-3451

Beaver County Office of MH/MR
148 Theodore Drive
Beaver Falls, PA 15010
Phone: (412) 847-6225

Butler County MH/MR Program
P.O. Box 1208
Butler, PA 16103-1208
Phone: (412) 284-5114

Cameron/Elk/McKean MH/MR Department
Seneca Building
2 Main Street, Room 206
Bradford, PA 16701
Phone: (814) 362-4601

Clarion County MH/MR Program
214 South Seventh Avenue
Clarion, PA 16214
Phone: (814) 226-1080

Clearfield/Jefferson MH/MR Program
1200 Wood Street, Suite U110
Brockway, PA 15824-0086
Phone: (814) 265-1060

Crawford County MH/MR Program
628 Arch Street, Suite B-101
Meadville, PA 16335
Phone: (814) 336-4351

Erie County MH/MR Program
154 West Ninth Street
Erie, PA 16501
Phone: (814) 451-6800

Western MR Region
Pittsburgh State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222
Phone: (412) 565-5144

Fayette County MH/MR Program
100 New Salem Road, Suite 118
Uniontown, PA 15401
Phone: (412) 430-1370

Forest/Warren Dept. of Human Services
27 Hospital Drive
North Warren, PA 16365
Phone: (814) 726-2100

Lawrence County MH/MR Program
15 West Grant Street
New Castle, PA 16101
Phone: (412) 658-2538

Mercer County MH/MR Program
8425 Sharon Mercer Road
Mercer, PA 16137
Phone: (412) 662-4424

Potter County MH/MR Program
P.O. Box 241
Roulette, PA 16746-0241
Phone: (814) 544-7315

Venango County MH/MR Program
P.O. Box 1130
Franklin, PA 16323
Phone: (814) 432-9753

Washington/Greene MH/MR Program
504 Washington County Office Building
100 West Beau Street
Washington, PA 15301
Phone: (412) 228-6832

Westmoreland County MH/MR Program
Courthouse Square Extension
Greensburg, PA 15601
Phone: (412) 830-3617

Updated October 1, 1996
## NON FFP CATEGORIES OF ASSISTANCE

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>PROGRAM STATUS</th>
<th>DESCRIPTION</th>
<th>AGE GROUP</th>
<th>HEALTHCARE BENEFIT PACKAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>00</td>
<td>GA Chronically Needy</td>
<td>&gt;21 or &lt;65</td>
<td>3</td>
</tr>
<tr>
<td>B</td>
<td>00</td>
<td>State Blind Pension (SBP)</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>B</td>
<td>80</td>
<td>State Blind Pension (SBP)</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>N</td>
<td>00</td>
<td>SBP Nursing Home</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>PD</td>
<td>00</td>
<td>NMP GA Chronically Needy</td>
<td>&gt;21 or &lt;65</td>
<td>3</td>
</tr>
<tr>
<td>PD</td>
<td>21</td>
<td>NMP GA Chronically Needy</td>
<td>&gt;21 or &lt;65</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spenddown (Monthly Authorization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD</td>
<td>22</td>
<td>NMP GA Chronically Needy</td>
<td>&gt;21 or &lt;65</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spenddown (Ongoing Authorization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PG</td>
<td>00</td>
<td>Elderly Med Cost Sharing H. Horiz</td>
<td>&gt;65</td>
<td>9</td>
</tr>
<tr>
<td>PL</td>
<td>00</td>
<td>Disabled Med Cost Sharing H. Horiz</td>
<td>&lt;65</td>
<td>9</td>
</tr>
<tr>
<td>TA</td>
<td>66</td>
<td>Specif Low Inc Med Benef. Buyin/MNO</td>
<td>&gt;65</td>
<td>10</td>
</tr>
<tr>
<td>TJ</td>
<td>66</td>
<td>Specif Low Inc Med Benef. Buyin/MNO</td>
<td>&lt;65</td>
<td>10</td>
</tr>
<tr>
<td>TD</td>
<td>55</td>
<td>MNO GA Employability Assessment</td>
<td>&gt;21 or &lt;58</td>
<td>5 and 12</td>
</tr>
<tr>
<td>TR</td>
<td>00</td>
<td>Single Point of Contact (SPOC)</td>
<td>Any Age</td>
<td>See 4 Type 32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Insurance Coverage Only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YOU MAY NOT BILL FOR TSM FOR INDIVIDUALS IN THESE CATEGORY/PROGRAM STATUSES**
6) WILL THERE CONTINUE TO BE A LIMIT ON THE FEDERAL DOLLARS IN THE COUNTIES' ANNUAL ALLOCATION LETTERS?

ANSWER: Yes. The limit on federal funding is based on the amount of federal dollars appropriated by the State Legislature.

7) CAN SERVICE PROVIDERS RETAIN REVENUES, ACCRUING AT THE CLOSE OF THE CONTRACT PERIOD, IN EXCESS OF ELIGIBLE EXPENSES REALIZED UNDER THE CONTRACT?

ANSWER: In accordance with the County Mental Health and Mental Retardation Program Fiscal Manual, 55 PA Code CH 4300.108, a county may authorize a contracted provider to retain revenue to an amount not to exceed 3% of the total gross revenue applicable to the contract.

8) MAY AN INDIVIDUAL CHOOSE TO RECEIVE TSM FROM AN ENROLLED PROVIDER IN A COUNTY OTHER THAN THE ONE IN WHICH THE INDIVIDUAL RESIDES?

ANSWER: Yes.

9) IS A COUNTY/PROVIDER SELECTED FOR TSM PROVISION BY AN INDIVIDUAL WHO IS ELIGIBLE FOR TSM OBLIGATED TO PROVIDE TSM TO THAT PERSON?

ANSWER: Yes.
5) IS OUTREACH TO LOCATE INDIVIDUALS WHO MIGHT BE MENTALLY RETARDED REIMBURSED AS AN ELIGIBLE SERVICE FOR TSM OR IN ANOTHER MANNER?

ANSWER: Outreach is not a reimbursable function under TSM, but it is an eligible County Administrative Cost at 50% federal reimbursement.

6) MUST THE TSM ADMINISTRATION COST REPORT BE SUBMITTED WITHIN 14 WORKING DAYS AFTER END OF QUARTER?

ANSWER: No. Reports should be submitted to the TSM Unit no later than 45 working days after the end of the quarter. Reports submitted after 45 working days of the last quarter will not be paid. Please refer to MR Bulletin #00-96-13, "Claiming Federal Reimbursement for Targeted Service Management Administration Costs" issued September 18, 1996.

7) WHEN COMPUTING ADMINISTRATIVE COSTS, CAN A COUNTY INCLUDE ADMINISTRATIVE EXPENSES INCURRED BY A CONTRACTED PROVIDER OF TSM?

ANSWER: No.

8) ON WHICH INCOME AND EXPENDITURE (I AND E) REPORT WILL THE 4TH QUARTER COUNTY ADMINISTRATIVE COSTS APPEAR?

ANSWER: Fourth quarter County Administrative Costs should be indicated on the I and E Report for the year in which the costs are incurred even though reimbursement for 4th quarter costs will not occur until the next fiscal year.
STATE MATCH VERIFICATION

1) WHAT ARE THE REQUIREMENTS FOR COMPLETING THE STATE MATCH VERIFICATION?

ANSWER: Please refer to MR Bulletin #00-95-12, "State Match Verification and TSM" issued June 20, 1995 and MR Bulletin #00-96-12, "State Match Verification Signatures" issued August 21, 1996.

The Commonwealth continues to require counties to document that state dollars have been used to support the provision of TSM services along with federal earnings billed through Medical Assistance.

Beginning January 1, 1995, counties and providers may use their own discretion in developing the format in which state match documentation will be kept. Documentation of the state dollar transfer by the county must occur on a fee-for-service basis. A record of these transactions must be retained for four years and be available for audit purposes. The County Administrator remains responsible for verifying by signature and date that the state match funds are available prior to requesting federal matching funds from Medical Assistance.

Documentation must correlate on a line-for-line basis to the Medical Assistance Invoice (MA319) and the Claim Adjustment (MA319A) billing lines.

Furthermore, counties and providers are permitted to include a signature transmittal form with any batch of state match verification claims. This removes the signature required on each claim. A sample signature transmittal is provided in the MR Bulletin #00-96-12 or counties/providers may develop their own form.

The State Match Verification Form facsimile and signature transmittal form that are developed must be reviewed and approved by the Office of Mental Retardation, TSM Unit prior to use. Send your draft to:

Office of Mental Retardation  
Targeted Service Management Unit  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Telephone: (717) 783-5314  
FAX: (717) 787-6583

To meet TSM provider's needs, the Office of Medical Assistance Programs will continue to produce and maintain supplies of the State Match Verification Form (MR 43).

VIII-1

Revised September 18, 1996
2) WHAT ITEMS ON THE MEDICAL ASSISTANCE CLAIM FORMS MUST BE COMPLETED RELATED TO STATE MATCH REQUIREMENTS?

ANSWER:  
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.)

VIII-2

Revised September 18, 1996
THIRD PARTY RESOURCES

1) IF AN INDIVIDUAL HAS A THIRD PARTY RESOURCE, DOES THAT RESOURCE HAVE TO BE BILLED FIRST BEFORE AN INVOICE IS SENT TO MA?

ANSWER: Please reference MR Bulletin #00-94-14, "TSM and Third Party Liability" issued April 20, 1994. TSM providers should not submit claims to third party insurers. All third party resources that the TSM Unit contacted do not reimburse for TSM services. If you are uncertain whether a third party would reimburse for TSM services you may seek a statement from the third party prior to billing MA. This applies only to provision of TSM services.

2) HOW ARE INVOICING ITEMS RELATED TO THIRD PARTY LIABILITY TO BE TREATED IN VIEW OF THE ABOVE RELEASE OF OBLIGATION TO BILL THIRD PARTY INSURERS FOR TSM?

ANSWER: When completing a Physician's Invoice/Medical Services/Supplies Invoice (MA319) or the Claim Adjustment (MA319A), items which relate to resource information should be left blank, regardless of an individual's specific insurance coverage.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Resource Code</td>
<td>(Leave Blank)</td>
</tr>
<tr>
<td>8</td>
<td>Health Insurance</td>
<td>(Leave Blank)</td>
</tr>
<tr>
<td></td>
<td>Name and Address</td>
<td></td>
</tr>
<tr>
<td>9A</td>
<td>Policy Number</td>
<td>(Leave Blank)</td>
</tr>
<tr>
<td>9B</td>
<td>Group Number</td>
<td>(Leave Blank)</td>
</tr>
</tbody>
</table>
INVOICE COMPLETION/BILLING ISSUES

1) HOW DO SERVICES PROVIDED IN DIFFERENT PLACES BUT ON THE SAME DAY NEED TO BE REPORTED ON THE INVOICE?

ANSWER: Services provided in different places on the same day are recorded on different lines of the invoice. Combine all units for the same day/same place on one line.

2) ON THE INVOICE, SHOULD THE USUAL CHARGE BE THE NUMBER OF UNITS TIMES (X) THE PROVIDER'S RATE OR THE NUMBER OF UNITS TIMES (X) THE FFP AMOUNT OF THE PROVIDER'S RATE?

ANSWER: Either amount can be entered, but the system will only pay the FFP portion of the provider's rate.

3) DOES ITEM #40 (NO. OF ATTACHMENTS) ON THE PHYSICIAN'S INVOICE NEED TO BE COMPLETED?

ANSWER: Generally, providers should leave Item #40 blank unless circumstances require attachments to be submitted.

Providers are reminded that they currently must complete Item #41, Attachment Type with '17' to document the State Match Verification Form has been completed and is on file.

4) DOES THE INDIVIDUAL HAVE TO SIGN THE INVOICE IN ORDER FOR THE PROVIDER TO RECEIVE PAYMENT?

ANSWER: No. This has been waived for TSM providers. The individual must only sign his/her current program plan or addendum to the plan which states the individual chooses to receive case management services.

5) HAS USE OF THE ENCOUNTER FORM IN THE TSM PROVIDER HANDBOOK (1/93) BEEN WAIVED?

ANSWER: Yes.

6) CAN A PROVIDER USE A SIGNATURE STAMP TO AUTHORIZE A TSM CLAIM?

ANSWER: Yes. A signature stamp is acceptable for TSM services. The provider who authorizes its use for a service manager assumes responsibility for the information on the invoice.

X-1

Revised September 18,1996
1) IS A COMPUTERIZED BILLING PROCESS OFFERED BY THE STATE?

ANSWER: Yes. Enrolled providers may contact the TSM Unit at (717) 783-5314 for more information concerning automated invoicing options.

2) CAN A PROVIDER BILL TAPE-TO-TAPE IMMEDIATELY OR WILL THERE BE SOME DELAY?

There will be no delay in billing tape-to-tape as long as a provider is an enrolled TSM provider and electronic billing is indicated in their Provider On-Line file.

Update of the Provider's On-Line file, allowing electronic billing, results from information appearing on the provider's completed Enrollment Information Form and receipt of a signed Supplemental Provider Agreement for Electronic Media Claims Invoicing form. A copy of the Supplemental Provider Agreement for Electronic Information should be retained on file by the provider.

A provider who initially enrolls with a manual invoice method may later contact OMR to request to switch to automated processing.

The TSM Unit is responsible for maintenance of the data on the Provider’s On-Line file.

3) WHERE CAN A PROVIDER LOCATE THE REQUIRED "SIGNATURE TRANSMITTAL FORM" (MA 307), AN INVOICE SUBMISSION FORM WITH HANDWRITTEN SIGNATURE, WHICH MUST ACCOMPANY 1) MAGNETIC TAPE BILLING, 2) DISKETTE BILLING, OR 3) MACHINE-PRINTED CONTINUOUS FORM INVOICES?

ANSWER: The MA 307 form is in the TSM Handbook, Chapter V, page 6. Also, a copy of the MA 307 appears in the Appendix of this Packet (Attachment D). You may photocopy this form for your use.

Also, providers may order this and other forms needed by completing and submitting a Medical Assistance Provider Order Form, MA 300X 7/95, sent to them upon enrollment with their supply of invoices, etc.
4) HOW CAN A PROVIDER ASCERTAIN AN INDIVIDUAL'S HEALTH CARE
BENEFIT PACKAGE CODE, PROGRAM STATUS CODE, AND CATEGORY OF
ASSISTANCE ONCE THE PAPER MA ID CARD INDICATING SUCH CODES IS
REPLACED BY THE NEW PLASTIC MA ACCESS CARD WHICH DOES NOT?

ANSWER: Use the Eligibility Verification System (EVS). The EVS Provider Manual issued
April 15, 1993 and the associated EVS Provider Manual Errata Sheet issued December 8, 1993 are
inserted in the back of your TSM Handbook.

Revised September 18, 1996