



Pennsylvania

Department of Human Services

Office of Medical Assistance Programs

Fee-for-Service (FFS) Subcommittee

Meeting Minutes

February 12, 2025

Opening Statements

All attendees were welcomed, and the meeting was called to order at 10:04 am, followed by the attendees' introductions. The members approved the minutes from the Nov 6, 2024, meeting.

Provider Enrollment Updates

Ms. Sandi Migliorisi, BFFSP, announced Provider Enrollment continues to work clean applications under 30 days. The unit is expecting 4,766 revalidations this month. She encouraged providers to use the multi-location revalidation option when submitting their revalidation application. Providers can refer to Quick Tip 270. Ms. Migliorisi also shared providers should use the Enrollment Summary in the PROMISe portal to verify enrollment and revalidation dates. Lastly, Ms. Migliorisi commented on general provider enrollment reminders, treat the application seriously and do good quality checks. Any questions can be directed to Provider Enrollment. Deb shared clean applications will have faster turn around times.

Mr. Jeffrey Iseman question were there any issues in terms of revalidation causing issues to provider payments, mainly hospitals? Ms. Migliorisi commented that she hasn't heard of any issues. Ms. Jolene Calla stated she only knew of issues with the MCOs. Enrollment process is good for Fee for Service. Mr. DiLuca stated he knows there is sometimes an issue with the timing of starting an application until credentialing is completed, there may be a gap. Mr. Iseman had no further questions.

Policy Update

Mr. Bradley Roland, BPAP, reported on MA Bulletins as follows:

MABs Issued Since August Meeting:

- [Various Pharmacy MABs](#), 32 were issued in November 2024 and all effective 1/6/24
- [99-24-09 "Medical Assistance Program Vaccine Desk Reference Updates"](#), Issued and effective 11/19/24
- [09-25-33 "Coverage of and Payment for Doula Services in the Medical Assistance Program"](#), Issued on 12/23/24 and effective 1/1/25
- [MAB 01-25-33 "Prior Authorization of Anticonvulsants - Pharmacy Services"](#), Issued on 1/10/25 and effective 1/15/25
- [MAB 03-25-33 "Update to the Admissions Notice Packet \(MA 401\)"](#), Issued on 1/10/25 and effective 1/1/25
- [MAB 99-25-01 "Limited English Proficiency Updates"](#), Issued and effective 1/16/25

Upcoming MABs to be Issued:

- **“Federally Qualified Health Center and Rural Health Clinic Alternative Payment Methodology for Long-Acting Reversible Contraceptives” (08-25-01)**
Description: The purpose of this Medical Assistance (MA) Bulletin is to advise providers that the Department of Human Services (Department) is implementing an alternative payment methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for a supplemental payment at the MA Program Fee Schedule rate for a Long-Acting Reversible Contraceptive (LARC) device and its insertion, or the removal of a LARC device, in addition to payment for an encounter.
- **“Screening, Diagnostic, and Targeted Case Management Services for Eligible Juveniles Enrolled in Medical Assistance Prior to Release from a Carceral Setting” (01-25-34)**
Description: The purpose of this bulletin is to advise providers that effective February 17, 2025, the MA Program will cover screening and diagnostic services provided to eligible juveniles in the 30 days prior to release, and targeted case management services, both physical and behavioral health, in the 30 days prior to and for at least 30 days following release from a carceral setting.

- **“Federally Qualified Health Centers and Rural Health Clinics Covered Services Chart” (TBD)**
Description: The purpose of this bulletin is to advise providers of a FQHC and RHC Covered Services Chart that identifies procedure codes, modifiers, and places of service that FQHCs and RHCs can utilize when their personnel render services to MA beneficiaries.
- **“Application of Topical Fluoride Varnish” (09-25-35)**
Description: The purpose of this bulletin is to remind MA enrolled physicians, Physician Assistants, Certified Registered Nurse Practitioners and any other clinical professionals who can provide topical fluoride varnish (TFV) under the supervision of a MA-enrolled provider, such as medical assistants, that they can render TFV services to MA beneficiaries, remind providers of updated limits for procedure code 99188 on the MA Program Fee Schedule for the provision of TFV, and advise providers of updated TFV training requirements.
- **“Dental Benefit Limit Exception Clarification Process” (TBD)**
Description: The purpose of this bulletin is to clarify the Departments’ requirements and managed care organizations responsibilities regarding the Dental Benefit Limit Exception (BLE) process under the MA Program in Pennsylvania, as well as to issue a revised MA-549 form to be used in both delivery systems for BLE requests.
- **“MA Program Fee Schedule Revisions” (TBD)**
Description: The purpose of this bulletin is to advise providers of updates to the MA Program Fee Schedule. These changes are effective for dates of service on and after February 17, 2025, unless otherwise noted.
- **“Updates to the Family Planning Services Program Fee Schedule” (TBD)**
Description: The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Program Fee Schedule and to issue an updated Family Planning Services: Covered Services Chart.

Ms. Deborah Shoemaker asked if the MAB numbers for the upcoming MAB can be shared with the group once they are established. Mr. Roland stated he would try to convey the information. Ms. Calla questioned if the fee schedule updates were new updates or just the regular annual updates? Mr. Roland stated he thinks both are annual updates. Ms. Candice Graham was not sure if they are annual since it was from another part of their shop. She will investigate it and get back to the group. Ms. Calla also stated it will be helpful for policy to point out specific changes or what would be helpful to know in these MAB rather than just reading the slides. Mr. Roland and Ms. Graham stated they would take the feedback to see if this can be done.

OIM Updates

Mr. Carl Feldman stated he was going to present to the group on MA 162 notices and MA enrollment. Enrollment figures bounce around a bit but there is nothing that stands out. Applications received and processing are stable. OIM did have a higher rejection rate in December due to late network issues but still in typical range. OIM will know more as the month goes on.

Below are the enrollment figures.

July 2024	3,000,868
August 2024	3,003,384
September 2024	2,996,912
October 2024	3,008,492
November 2024	2,994,346
December 2024	2,994,014

Mr. Feldman reminded everyone that renewals are forever, and people have them every month and the closure top line will fluctuates. There was a large dip in closures in 2024. Mr. Feldman stated they do not automatically close them out. It is reviewed by staff. The top 2 reasons for closure are 1) 042 Failure to provide. The recipient didn't complete the packet 2) The recipient is over the income threshold.

	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>
Processed	163,852	169,681	163,067	176,345	136,283	187,382
Approved	90,995	96,126	91,475	100,353	75,056	97,561
Rejected	72,857	73,555	71,592	75,992	61,227	89,821
Rejection %	44.5%	43.3%	43.9%	43.1%	44.9%	47.9%
Total Closed	151,021	167,169	149,106	158,658	149,524	129,077
% of Total	5.2%	5.8%	5.2%	5.5%	5.2%	4.5%
042	25,824	27,102	23,061	23,295	23,054	14,352
Employment	31,695	36,178	32,207	32,685	32,007	27,667

Mr. Iseman questioned will the Department be publishing the rates for the OBRA waiver and Act 150? Mr. Feldman commented that is not something he could answer. Ms. Gina

Morris commented that the question was sent to OLTL. We are waiting on a response. Mr. Anthony Di Luca asked Mr. Feldman if their issues with staffing could have caused the delays? Mr. Feldman stated on any given day in the 93 offices issues come up as well as system issues. The only stand out issue was in November – December, there was a system problem that made the network slow. This slowed down the renewal process and made it hard to get work done. When they get behind, it is hard to catch up. Right now, the call centers are experiencing higher wait times and higher abandon rates. They previously moved additional staff to the call center to help with customer service. They are going to continue to work on applications and the rest should even out. Mr. DiLuca asked didn't that happen in June or July? Mr. Feldman stated no it was in November which is also when LIHEAP starts. This is a high stress time for our offices. Mr. DiLuca asked is the goal to be responded to in 30 days? Mr. Feldman stated yes, we get evaluated from CMS and that is the time frame. They run audits and reviews, so we try our best to meet the standard and administer the program. Ms. Shoemaker asked if the 90 day no comment period has affected anything on your end? Mr. Feldman stated it is not an issue today however it may eventually become a problem if it continues.

Mr. Feldman spoke on the questions that were presented to him by PATHS regarding the PA-162 notices.

1. Although we are designated as the patient's representative and submit the application as a Community Partner, the PA162 form is not always mailed to the PATHS address. This results in delays in notification the hospital/facility. Mr. Feldman responded although individuals would like to get the notices in the compass portal or through the compass partners it is not set up that way. Providers can submit an application and will get eligibility notifications.
2. Due to delays in USPS mail delivery, notices are often received weeks after the PA162 notice date which drastically shortens our timeline to obtain the authorization within the 30-day limit. Mr. Feldman stated that OIM cannot influence the US postal service and everything on their end is handled timely.
3. Patients with multiple or hyphenated names do not appear in Promise without the recipient ID number, which we must wait for on the PA162. Mr. Feldman stated this is a known issue. It is not fixed yet, but they are aware of it.
4. If the patient's name, DOB or sex is incorrect, we cannot send an approval/request authorization. We must wait until the CAO fixes the discrepancy. Once fixed, the approval date does not change therefore it looks like an untimely request. Mr. Feldman advised if an issue is interfering with the client's ability to receive care, then the provider can reach out to the MA Ombudsman's. Mr. Feldman provided a list. It will be shared with the meeting minutes.

5. Neither Compass nor Promise currently include the official approval date. The only source for this information is the mail date on the PA162 form. Would it be possible to have this date added to both Compass and Promise? Mr. Feldman stated this is something that can be considered for a future enhancement.
6. Although Compass may indicate 'approved,' it does not provide details on which benefits are approved or the recipient ID number. There are numerous instances where we are unable to access the patient's information in Promise, even when Compass shows the patient as approved. Would it be possible to include the recipient ID number in Compass? Mr. Feldman stated this is also something that can be considered for a future enhancement.
7. PA253's are uploaded right to our Compass applications. Is it possible for PA162's to be uploaded directly to Compass therefore we could view notifications in real time? Mr. Feldman stated this is also something that can be considered for a future enhancement.
8. Update on upcoming "PSR portal"? Mr. Feldman commented this is not something he is familiar with. Mr. DiLuca stated that the hospitals he deals with will continue service and they don't hold back even though it is fighting a battle after the fact for payment. Mr. Feldman did reiterate that if it is holding up services this would warrant contacting the Ombudsman.

Old and New Business

Ms. Shoemaker asked if anyone had any budget updates since it was addressed one week ago. She advised the group that the budget is typically address at the March MACC meeting. Mr. Iseman advised that he was meeting with Lindsey Mullen regarding home care issues. He offered to send the link to the group. Mr. DiLuca asked if someone from the MCO Subcommittee could come speak on the rejected payments and the issues they are seeing? Ms. Michele Robison requested Mr. Di Luca to send a detailed email with examples she will share it with Ms. Gwen Zanders. Ms. Calla also suggested that Ms. Shoemaker reach out to Joe Glinka since he is the chair of the Managed Care Subcommittee. He might have helpful feedback. Ms. Shoemaker stated that the Managed Care Subcommittee is separated into 2 workgroups: Workforce and payment issues. The payment workgroup addresses these types of issues. Ms. Robison shared the more information that can be provided the better we can assist.

Next meeting May 14, 2025

The meeting adjourned at 10:54 am