



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

Fee for Service (FFS) Subcommittee

Meeting Minutes

August 7, 2024

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 May 8, 2024, meeting.

Provider Enrollment Updates

Ms. Sandi Migliorisi, BFFSP, announced the Provider Enrollment unit is working provider applications under 30 days. The unit is expecting 15,172 revalidations this month. She encouraged providers to use the multi-location revalidation option when submitting their revalidation application. Ms. Migliorisi also stated providers need to submit changes for Fee Assignments and CLIA via the electronic portal. Paper requests will be mailed back to the provider. 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.

Mr. Michael Lane questioned if there was a way to carve up the provider types or share group data to make sure providers are aware of their revalidation date? Ms. Migliorisi stated they do not pull that type of report however providers are notified of their revalidation at 90 and 30 days out from their revalidation date. The revalidation date can also be seen on the summary screen in the PROMISE portal. The biggest issue is if the contact person for the provider has changed, and the update was not provided to the enrollment unit, then the provider may not be receiving the notices. The revalidation

date is also provided on the welcome letter. Mr. Lane commended the team related to all these functions. He has seen improvements and that staff help quickly to resolve issues.

Policy Update

Ms. Candance Graham, BPAP, reported on MA Bulletins as follows:

MABs Issued Since May Meeting:

1. 99-24-03 - [2024 Healthcare Common Procedure Coding System \(HCPCS\) Updates, Fee Adjustments, and Other Procedure Code Changes](#), Issued and effective 5/28/24
2. 01-24-06 - [Updates to the Family Planning Services Program Fee Schedule](#), Issued and effective 5/28/24
3. 27-24-03 - [2024 Medical Assistance Program Dental Fee Schedule Update](#), Issued 6/5/24 and effective 5/28/24
4. [01-24-07 - A Medical Assistance Bulletin entitled - Prior Authorization of Lyfgenia \(lovotibeglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
5. [01-24-08 - A Medical Assistance Bulletin entitled - Prior Authorization of Zynteglo \(betibeglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
6. [01-24-09 - A Medical Assistance Bulletin entitled - Prior Authorization of Antidepressants, Other – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
7. [01-24-10 - A Medical Assistance Bulletin entitled - Prior Authorization of Casgevy \(exagamglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
8. [99-24-05 - A Medical Assistance Bulletin entitled - Ophthalmology Fee Updates](#), Issued 7/8/24 and effective 8/1/24

Upcoming MABs to be Issued:

1. [“Updates to Screening Guidelines for Prior Authorization” \(TBD\)](#)

Description: The purpose of this bulletin is to notify providers that the Department will begin using MCG care guidelines for screening guidelines to

determine medical necessity for services, items, procedures, or level of care provided to MA Program beneficiaries.

2. “EVV Manual Compliance Percentage” (TBD)

Description: The purpose of this bulletin is to advise providers of changes to the manual edit thresholds for Electronic Visit Verification (EVV) records in both personal care services (PCS) and home health care services (HHCS), effective with dates of service on and after January 1, 2025.

3. “Ophthalmology Fee Increase” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department will increase additional fees for certain ophthalmology services on the MA Program Fee Schedule.

4. “Updates to The PROMISE™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – FQHC/RHC Handbook” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department has updated The PROMISE™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Handbook (Appendix E).

5. “Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration” (TBD)

Description: The purpose of this bulletin is to inform Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) that the Department is continuing the alternative payment methodology (APM) to pay the MA Program Fee Schedule rate for the administration of the novel coronavirus (SARS-CoV-2) vaccine during a SARS-CoV-2 vaccine-only visit, contingent upon Centers for Medicare & Medicaid approval.

6. “Updates to The PROMISE™ Provider Handbook - 837 Professional/CMS-1500 Claim Form and 837 Institutional/UB-04 Claim Form” (TBD)

Description: The purpose of this bulletin is to inform providers that the Department is revising the PROMISE™ Provider Handbook related to sections 7.1.2.1 for Hyperbaric Oxygen Therapy Services and 7.1.2.2 for Proton Therapy Services.

7. “Updates to The PROMISE™ Provider Handbook - 837 Professional/CMS-1500 Claim Form and 837 Institutional/UB-04 Claim Form ” (TBD)

Description: The purpose of this bulletin is to issue updated handbook pages to clarify the Department's policy and provider responsibilities related to sections 12.1 for Provider Preventable Conditions and 12.2.2 for Other Provider Preventable Conditions.

8. "Medical Assistance Program Fee Schedule Revisions" (TBD)

Description: The purpose of this bulletin to announce revisions to the MA Program Fee Schedule, including the addition of procedure codes, as well as fee adjustments, modifier updates, limit updates, and provider type/specialty combination updates.

Mr. Lane questioned when stating bulletins are upcoming, do you mean in the next 60-90 days? Ms. Graham stated they would be issued within the next quarter. Ms. Mindy Eberhart asked about the screening guidelines and how they would be applied for DME. How do you plan on reviewing the prior authorizations with the implementation of the MCG guidelines? Ms. Graham states she would have to take the question back to double check. Mr. Lane asked what are the existing guidelines? Ms. Michele Robison stated the current guidelines are InterQual. MCG is similar. Both InterQual and MCG are nationally recognized guidelines. DME requests will be able to be done electronically which will be a huge advantage, allowing requests to be reviewed quicker. Requests will continue to be reviewed in the same manner. Mr. Lane questioned will this change occur within this calendar year? Ms. Robison stated we were hoping by the end of year. However, the implementation is being re-evaluated. As a result, it will be pushed back to Q1/Q2 2025. The goal is to have a successful implementation.

Questions and Answers

There was no old or new business to discuss.

Next meeting is scheduled for November 6, 2024.

The meeting adjourned at 10:25 am