



PROVIDER QUICK TIPS

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180 Day Exception Electronic Process –

Updated 6/27/24

- **Important news:** An electronic submission process for Office of Medical Assistance Fee for Service (FFS) and the Office of Long-Term Living's (OLTL) and LTC 180-day exception requests and other claims requiring documentation is available in the Promise Portal.
- The electronic submission process will allow FFS and OLTL providers to request an Attachment Control Number (ACN) number and then upload the supporting documents. The upload should include the supporting documents for the justification of the request not just the ACN request page.
- This process is for new claims only not adjusted claims.
- Each claim submission online or via mail will require one ACN or one 180-day detail page, one claim submission, supporting documents for that specific claim and a signature transmittal if required.
- OLTL recommends that professional claims submitted through this process have a single detail line that spans a date range which includes the dates that services were provided. Claims submitted with multiple detail lines could deny if only one detail line suspends.

Updated PROMISE screens to upload supporting documents

- Providers have the ability to upload documentation supporting a claim submission via the electronic Provider Portal.
- Access the provider portal here: [PROMISE™ Internet Portal > Home \(state.pa.us\)](https://state.pa.us)
- Attachments should be no larger than 5MG and there is a limit of 3 files. Files need to be uploaded in a PDF format. Providers can submit supporting documents upon request of the ACN online. Providers have 21 days to submit the relevant attachments. If the attachments are not submitted within the 21 days, the ACN expires, and the claim denies. Providers would need to start over with a new ACN request. Each 180-day online claim submission will require an ACN.
- After logging into the portal, select the Search/Request ACN link. Enter the Recipient ID.



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- A new question is displayed on the Search/Request ACN (Attachment Control Number) page 'Are you requesting an exception to the 180-day timely filing rule?'
- A 'Yes' response will prompt providers to select a delay reason.

Log out

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PROMISE™ Internet

My Home **Claims** Eligibility Trade Files Reports Outpatient Fee Schedule Hospital Assessment Help

Claim Inquiry | Submit Institutional | Submit Professional | Submit Dental | Submit Pharmacy | **Search / Request ACN**

Claims > Search / Request ACN Thursday 11/17/2022 05:12 PM EST

Provider Claim Attachment Number Request

Step 1: Request an ACN or search for an existing ACN.

Criteria

NPI: 1952399933 Are you requesting an exception to the 180-day timely filing rule? Yes No

Provider ID: 1007275420012 There was a delay Reason:

Attachment Control Number:

Recipient ID:

- A 'No' response will not prompt providers to select a reason but will allow them to request the ACN.
- When the request is submitted, an ACN will be created and the requested ACN must be included on the claim for the attachments to be connected to the claim.



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Provider Claim Attachment Number Request

Step 1: Request an ACN or search for an existing ACN.

Criteria

NPI Are you requesting an exception to the 180-day timely filing rule?

There was a delay Reason:

Provider ID Attachment Control Number

Recipient ID

Step 2: Select one of the links below to view and print the ACN Form. Documents can be uploaded through the provider portal or mailed to the address on the ACN form. Acrobat Reader software is required to view and print the ACN form.

Do NOT print this page to send in with your attachments. The ACN form available through the ACN link(s) below must be printed.

ACN	Status	Recipient ID	Date Issued	Date Received	180 Day	180 Reason	
000005518	ISSUED	2201040140	20230130	0	Y	0001	<input type="button" value="Submit Attachments"/>

Step 3: Upload applicable PDF documents with the ACN cover sheet form as the first page. Upload up to 30 pages in PDF format. If there are more than 30 pages, mail the documents and the ACN cover sheet to the address on the ACN Form.

To view and print the ACN form, you will need to install the Acrobat Reader software:



- Providers can select the 'Submit Attachments' button and the Upload Instructions section opens.



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Provider Claim Attachment Number Request

Step 1: Request an ACN or search for an existing ACN.

Criteria

NPI	<input type="text"/>	Are you requesting an exception to the 180-day timely filing rule?	Yes ▾
		There was a delay Reason:	0001 - There was a delay in County Assistance Office (CAO) determining Medical Assistance (MA) eligibility ▾
Provider ID	1000025630043	Attachment Control Number	
Recipient ID	2201040140		000005518

Upload Instructions:

- Click the "Choose File" button. Search and select a PDF file for this Attachment Control # and click Add.
- Additional PDF files for this Attachment Control # by repeating Step 1 (up to a maximum of 3 PDF files each up to 5MB).
- Confirm that the PDF files you added relate to this specific recipient and attachment Control #
- Click the "Upload Attachments" button to upload your attachments

File To Upload

No file chosen

- Providers can also submit attachments from the Claim Submission pages. When the claim is submitted with the ACN and in a 'Suspended' status, a section will open on the page to allow providers to submit relevant attachments in a PDF format.
- An ACN cover sheet is not a required document to upload since the form is automatically populated when the ACN is created.



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Units:

Billed Amount:

Emergency:

Family Planning:

EPSDT:

Contract Type:

Contract Code:

Contract Version:

Service Adjustments for Service Line 1:

[Add Adjustment](#)

[New](#) [Submit](#) [Submit Attachments](#)

Claim Status Information

Claim Status: Suspended

Claim ICN: 2722003055175

Paid Amount: 0.00

Paid Date:

Allowed Amount:

Copay Amount: 0.00

Hdr/Dtl	ESC	Description	Disposition
Detail 1 - 1	4032	PROCEDURE CODE NOT ON FILE	Denied
Detail 1 - 2	224	DIAGNOSIS POINTER REQUIRED	Denied
Detail 1 - 3	268	BILLED AMOUNT MISSING	Denied
Detail 1 - 4	4021	RECIPIENT NOT ELIGIBLE FOR SERVICE PROVIDED	Denied
Detail 1 - 5	1010	REND PROV NOT MEMBER OF GROUP OR REND NOT=BILLING	Denied
Header - 1	270	TOTAL BILLED AMOUNT MISSING	Pay
Header - 2	2002	RECIPIENT ELIG EFF DT > THE DOS ON THE CLAIM	Suspended



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Screen print of the Upload Criteria section showing the 1 file is ready to be uploaded.

Upload Criteria

Attachment Control Number

File To Upload No file chosen

File Added successfully

ADD

Upload Attachments

Date Added	File Name	File Size	
12/15/2022	ACN		
12:47:23 PM	000005319 Attachments.pdf	41465	<input type="button" value="Remove"/>

After adding files to attach, click on the “Upload Attachments” button. Receiving the message “Successfully Uploaded Attachments” verifies that your documents have been added to the claim”.

Screen print of the Upload Criteria section displaying a 'Successfully Uploaded attachments' message.

Upload Criteria

Attachment Control Number

File To Upload No file chosen

Successfully Uploaded Attachments

180-Day Exception Requests

- MA providers may submit 180-day exception requests for claims that meet the criteria specified in MA regulations (see 55 Pa. Code 1101.68, [55 Pa. Code § 1101.68. Invoicing for services. \(pacodeandbulletin.gov\)](http://pacodeandbulletin.gov)) and as specified in MA Provider Handbooks (see [PROMISe Handbooks \(pa.gov\)](http://promisehandbooks.pa.gov)). To date, these requests have been submitted hardcopy via mail.





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- As a reminder, all 180-day exception requests must meet the criteria and include the required documentation before the request can be granted.
- While the MA Program will strongly encourage use of the electronic submission process, FFS providers will still have the option to submit 180-day exception requests by mail. Providers **MUST** submit the 180 days detail page to be accepted as a 180-day request otherwise it will be processed as a regular claim. Each request for an exception will require its own exception request form, claim, supporting attachment, and signature transmittal if needed. The mail processing for FFS will no longer accept one 180-day request form and one supporting document for multiple claim submissions after June 1, 2023.
- **Important news:** Effective 8/01/2023, the Office of Long-Term Living (OLTL) will no longer be able to accept for processing 180-Day claims submitted by email. **Providers wishing to submit 180-Day claims for processing can continue to do so using the paper submission process OR the new 180-Day electronic submission process.** Providers are strongly encouraged to use the electronic submission process.
- All FFS Exception requests that are **over 365 days can be submitted electronically unless it is an adjustment over 365 days.** ADJUSTMENTS over 365 days will need to be submitted via paper and sent to:

Department of Human Services/Office of Medical Assistance BFFSP
365 Exception Request
PO Box 8050
Harrisburg, PA 17105

- OLTL 180-day exception requests submitted via paper should be sent to:

Office of Long-Term Living
Division of Provider Operations
Forum Place, 6th Floor
PO Box 8025
Harrisburg, PA 17105-8025
Attention: Provider Operations

Please utilize the training link [PROMISe Provider Education & Training \(pa.gov\)](#). to register for upcoming trainings.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.



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