

Office of Mental Health
And Substance Abuse Services
Bureau of Operations
And Quality Management

HealthChoices Behavioral Health

Policy Clarification

Issue Clarification #: 16-02
Date of Receipt: 9-30-02

Applicability: All Zones
Source Documentation:

Question/Issue:

Submitted by: Barb Meindl
County Authority: Chester/Montgomery
Topic Area: TPL Issues

1. What is the availability of the Pennsylvania Open System Network (POSNET) after hours, and how is TPL information received when POSNET is not available?
2. Is the BH-MCO permitted to pay an out of network provider for the full co-pay for a member? Commercial providers do not want to accept the MA rate when they serve a HealthChoices member.
3. Please clarify the TPL rules for Medicare versus commercial insurance?
4. Should the BH-MCO have to pay for a HealthChoices member with primary insurance when the requirements of the primary insurer are not followed? For example, if the primary insurance has a pre-certification requirement, and the service is not pre-certified, and the primary insurance rejects the claims for failure to pre-certify, can HealthChoices reject the claim also?
5. If the primary insurer denies a claim for failure to meet medical necessity, is it permissible for HealthChoices to conduct a clinical retroactive review in order to determine whether the care will be reimbursed by the BH-MCO?

Background/Context Provided within the Request :

None

OMHSAS

Answer/Response:

1. The downtime for the Department of Public Welfare's Client Information System (CIS) is by necessity kept to a minimum. System maintenance is the primary reason for downtime, with maintenance normally occurring between 6:00 p.m. and 6:00 a.m. on scheduled dates. Behavioral Health business partners are given advance notice of scheduled CIS maintenance times through e-mail contacts from OMHSAS and/or a posting on the Systems What's New page of the OMHSAS Intranet. During those times when CIS is unavailable, the Behavioral Health Managed Care Organization (BH-MCO) may rely on the Third Party Liability (TPL) information provided by the Department on the Monthly TPL file.
2. OMHSAS strongly discourages this practice. While it is not required or encouraged, there is no policy which prohibits the MCO from choosing to pay more in cost sharing than would be required by Medical Assistance rates, and that doing so is a business decision for the MCO. It becomes a contractual issue between the MCO and the provider. The MA provider is prohibited from balance-billing the recipient for these charges.
3. Prior to the 1997 Balanced Budget Reconciliation Act (BBA) the Department was responsible for payment of the full Medicare cost sharing up to the Medical Assistance rate or fee. The BBA has required the Department to limit Medicare deductibles and co-payments at the Medical Assistance Fee Schedule rate even though the payment is different. Third Party Liability (TPL) information in the Behavioral Health Person Level Encounter data file should be handled the same for commercial or Medicare coverage reporting.
4. If the Member has not complied with the requirements of his/her primary insurance, the BH-MCO is not required to pay for the service.
5. If the service does not require prior authorization and the primary insurer denies the claim, the BH-MCO is responsible for payment. If the service requires prior authorization, the BH-MCO may choose not to reimburse the provider for a service when prior authorization procedures were not followed



*Director, Bureau of Operations
and Quality Management
Date:*

*# 16-02
Date: 3-10-03*