



PROMISe Update #04-07

During a meeting with various PROMISe officials, PCPA received a PowerPoint presentation identifying the latest information about the system. This presentation is available on the PCPA web site at www.paproviders.org. Below is a summary of the most pertinent information to Mental Health, Mental Retardation and Drug & Alcohol providers.

PROMISe Conference Calls

Several conference calls are being coordinated, PCPA will inform its members as soon as a behavioral health call has been scheduled. Software vendors will be able to participate in a conference call in June. Announcements will go out to all PROMISe/HIPAA certified vendors. The conference calls are intended to provide general information relating to the specific provider type(s) participating in the call. Specific questions will not be answered, however the Office of Medical Assistance Programs (OMAP) is considering providing a form to submit follow-up questions.

Expedited Payment to End

The Office had implemented an expedited payment process during the transition to PROMISe in order to facilitate the cash flow of providers. During this time, payments were being made within an approximate 1-week turnaround time. This expedited process is being phased out by provider type as OMAP observes that the majority of claim submission problems have subsided. The "prudent pay" system will pay within 30 days, as was customary prior to the PROMISe implementation. As this transition occurs, providers may find that they have a Remittance cycle with only rejections and no payments – this is due to the lag time that will occur while the "prudent pay" system is implemented.

Re-submission of Claims

PROMISe is going through many claims that have been rejected and is resubmitting them as problems are being fixed. These claims can be identified by their ICN; paper claims will have an ICN beginning with "80" while electronic claims will have an ICN beginning with "85".

Paper Claim Suspension

Providers should be aware that it will be common for paper claims to be suspended initially because PROMISe must scan in these claims (or have the information entered manually) to convert them into an electronic format. If a paper claim is rejected, PROMISe will look at the original to make sure that the conversion to electronic format happened properly. During this process, the claim will show a suspended status. Electronic claims are less likely to suspend because this process will be unnecessary.

Top Error Codes

OMAP and EDS staff report that the top error code relates to invalid place of service codes. Providers should double check to make sure that the codes being used are the new codes identified on the Place of Service Crosswalk that is available on the OMAP web site.

Other common issues are available in the PowerPoint presentation mentioned above.

Local to National Code Crosswalk Finalized

DPW has finalized the local to national code crosswalk. All local "medical" codes have been crosswalked to a national code. OMAP has retained some local non-medical codes that are exclusive to waivers. The Department intends to issue a new Medical Assistance Bulletin in June that will provide this crosswalk information.

Other Information

The Office reports that claims are expected to reach their "normal" level of submission and payment in June.

OMAP has indicated that claim adjustments can be submitted on the Internet and that providers may now submit Medicare/Medicaid crossover claims on the Internet.

OMAP is looking for feedback on the topics behavioral health providers would like to discuss during PROMISe conference calls. Please complete the form below and fax (717-657-3552) or email (abbie@paproviders.org) it to PCPA.

I am interested in discussing the following topics on a PROMISe conference call:

Method of claim or EVS submission: (PES, Online, Software Vendor [Include name]):

I am receiving the following error codes on a regular basis:

Fax this form to 717-657-3552
Or email to abbie@paproviders.org