Continuity of Services for Individuals Transferring from the HealthChoices Program to the Medical Assistance Fee-For-Service (FFS) Program (Including individuals transferring to the Health Insurance Premium Payment (HIPP) Program)

Community Care views continuity of care as vital to an individual’s recovery. In order to promote continuity of treatment for a person who transfers from Managed Care to FFS/HIPP, Community Care strongly encourages providers to continue to deliver the services the person was receiving prior to the transfer. As a reminder, all providers are required to enroll with the MA FFS system in order to be credentialed with Community Care. For members transitioning to the MA FFS from Managed Care, Providers will need to submit claims to DPW according to FFS billing procedures. If an individual decides to seek services elsewhere as a result of a transfer to FFS/HIPP, Community Care encourages providers to undertake appropriate transition planning. This would include providing the member with information about other providers and ensuring that an initial appointment is secured and scheduled before proceeding with discharge procedures. Information regarding DPW’s procedures on continuity of care and information on the HIPP Program are found below.

DPW previously issued Bulletins 99-96-01 and 99-03-13 to notify providers of procedures when an MA recipient transfers between FFS and managed care. The purpose of the bulletins was to ensure continuity of care for recipients. These Bulletins may be accessed by entering the Bulletin numbers into the Bulletin Search page on DPW’s website:

http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx

The Health Insurance Premium Payment (HIPP) Program is a program developed to help families, who have at least one person enrolled in Medical Assistance (MA), pay for private health insurance through an employer. HIPP is administered by Pennsylvania’s Department of Public Welfare (DPW). When a person is enrolled in the HIPP Program, they are automatically disenrolled from Managed Care and entered into a FFS Program. The person must remain active in MA to be eligible for HIPP. Their ACCESS card is used in the same manner as every other FFS eligible person. HIPP eligible individuals are advised to use MA providers to ensure that MA is available to pay any policy deductibles or services not covered by the employer insurance. For additional information on the HIPP Program, please visit DPW’s website:

http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/medicalassistance/healthinsurancpremiumpaymenthippprogram/P_002977

If you have any questions regarding this provider alert, please contact your Provider Relations Representative at 888-251-2224.