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Act 22 and the PIMCC Act 22 Service Frequently Asked Questions

1. My COMPASS login and password won't work, what do I do? OR What if I forget my COMPASS login and password?

Community Partners' passwords expire every 60 days. If you don't use your dashboard within this time frame, you will not receive a prompt to change your password and will not be able to log in. When your password needs to be reset, you should always first try going to the self-service password reset function **Forgot/Change Password?** found below the Community Partner Log In on the COMPASS home page. If that doesn't work, contact Cost Management Plus, at (800) 552-2752.

2. What, exactly, does this act do to change inmate medical care and services in county jails?

Act 22 has two parts – the first part caps the fees and rates that medical providers are reimbursed for health care services provided to inmates in county and state correctional facilities. The cap for services provided to hospital inpatients is the same as the rate/fee allowed by the Medicaid program, and the cap for services provided for outpatient treatment and services is the same as the rate/fee allowed under the Medicare program. Medicaid and Medicare rates are substantially lower than the standard rates/fees that healthcare providers charge for those services. The second part allows for most inmates, who are admitted as inpatients to standard tertiary care hospitals, to become qualified for Medical Assistance, and have their charges paid through that program. The Medical Assistance qualification can result in a portion of the bill being paid by the federal government. Medical Assistance is a federal program administered by the state that is based on a shared cost between states and the federal government. In the case of county inmates who qualify, the county would be responsible for reimbursing the state for the portion of the bill remaining after the federal funds are received. The shares are usually around 50% state, 50% federal.

3. How will the hospital inmate provisions and medical assistance qualification of county inmates result in savings for counties?

Under Act 22 of 2011, counties are only required to pay Medicaid rates for qualified inpatient care and outpatient care is capped at Medicare rates. As a result, counties are paying a small percentage of what was previously paid for inmate inpatient care. Current estimates put the savings at approximately 85%. Even counties that have special arrangements with local providers are likely to see a savings as Medicaid is the lowest rate paid. Also, for qualified disabilities, 50% of the bill may be paid in situations where federal funds apply.

4. Does inpatient admission include mental health or drug and alcohol treatment at stand-alone behavioral health treatment facilities?

Under Act 22, inpatient admission applies to standard tertiary care hospitals only.

5. What do counties have to do to process inpatient invoices through the Act 22 program?

Once an inmate returns from a hospitalization where they were actually admitted as an inpatient, the jail/prison will submit an application through the COMPASS system, which will generate an eligibility number for the inmate. The hospital will use the number to invoice the Department of Public Welfare, and DPW will pay the hospital. After the payment is made to the hospital, and any available federal funds are drawn down, the remaining bill will be paid by PIMCC on behalf of each county, from their escrow accounts.

6. What about outpatient bills? How will those bills be handled?

There is no real change in the way that counties will pay for outpatient services, and there is no special process to deal with these bills. However, counties will want to make sure that providers are billing appropriately, within the limits in the new law. Some counties use a third party to handle medical services for inmates. Those services may already include bill review and monitoring services. Counties may want to have their solicitors review the act. Providers may not be aware of the act, so it may be helpful to communicate with any provider utilized by the jail to assure they understand the caps on rates/fees. PIMCC already provides these services to many of the county jails/prisons. For more information on PIMCC membership services, contact Desiree J. Nguyen at (800) 895-9039 or Kirsten Bostjancic at (800) 552-2752.

7. When does the new law become effective?

The legislature passed this bill with an effective date of July 1, 2011, so its provisions are effective back to that date. No system for processing inmate medical claims for inpatient hospital services existed at the time of passage, so there has been a delay in processing some hospital bills. After October 10, 2011, eligibility for the inmates that were hospitalized between July 1 and today can be processed, allowing for the hospitals to invoice DPW for payment. As for outpatient services, an audit or review of bills paid since July 1 may be in order, and if bills were not submitted within the caps allowed in the act, counties may need to discuss adjustments with providers.

8. How am I to know if a provider doesn't bill at Medicare rates?

If you have no contractor reviewing bills, we recommend you have your solicitor write a letter to providers advising them of the new law and seeking their verification that bills are submitted to the jail within the limits imposed by the act. You could also consider joining PIMCC to receive the bill review service.

9. How do we handle auxiliary and outlier inpatient providers who don't bill through the hospital but instead bill directly to the prison?

DPW sends MA Eligibility Notices with the Access/Individual Number (known as "Recipient #" on our report) directly to the Hospital listed on the County Prison Inpatient Eligibility (CPIE) form. The Hospital then starts their Medical Assistance (MA) process through the DPW PROMISE system. The auxiliary and outlier inpatient providers are often not invoiced through the Hospital's system and must be notified of the Recipient # either by the prison or through their MA automated report. If these providers have sent the County invoices, do not pay the bills! Refer the provider to the PROMISE system and give them the Recipient # for the date of service.

10. We received a "balance bill" from the hospital, what should we do?

First, don't pay the bill unless it's the annual MA deductible of \$150! If you receive an unusual invoice with a balance bill or "coinsurance charges", contact PIMCC at (800) 552-2752 and we will research the matter for you.

11. Who do we talk to about completed CPIEs over 60 days old?

If you have a COMPASS application with a completed CPIE over 60 days old but have not received the individual's MA Eligibility Notification, contact Cost Management Plus.

Provide them with the COMPASS "W#", inmate's full name and inpatient dates of service.

12. Who can CCAP members contact for assistance in understanding the Act and/or the PIMCC process?

Questions on the COMPASS application process should be directed to Kirsten Bostjancic at Cost Management Plus, at (800) 552-2752. For questions on the CCAP support services, contact Desiree J. Nguyen at (800) 895-9039.