



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

BUREAU OF PROGRAM INTEGRITY  
P.O. BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675  
MA PROVIDER COMPLIANCE HOTLINE: 866-DPW-TIPS

FAX: (717) 772-4638

[www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

JAN 08 2008  
Mail Date

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Provider:

This correspondence is a follow-up to your conversation with [REDACTED], a Bureau of Program Integrity representative, regarding a complaint received by the Department of Public Welfare's (DPW) Bureau of Program Integrity alleging that [REDACTED] is billing an up-front service charge to Medical Assistance (MA) recipient [REDACTED] for the repair of his power wheelchair and hospital bed provided by your company.

This is to inform you that supplementary payments such as delivery fees, service charges or advanced payment/deposits are in violation of Medical Assistance Regulations, specifically 55 Pa. Code, § 1101.63(a) which states:

"A provider shall accept as payment in full, the amounts paid by the Department plus a co-payment required to be paid by a recipient under subsection (b). A provider who seeks or accepts supplementary payment of another kind from the Department, the recipient or another person for a compensable service or item is required to return the supplementary payment. A provider may bill an MA recipient for a non-compensable service or item if the recipient is told before the service is rendered that the program does not cover it."

Based on the above regulation, [REDACTED], nor any other eligible MA recipient, may be charged an up-front service fee in order for repairs to be completed. These services are considered included in the Medical Assistance Program payment for repair. This regulation also applies in cases where Medical Assistance is not the primary payor.

JAN 08 2008

██████████

Please take the necessary action to ensure ██████████ is in compliance with the above Regulation and all Medical Assistance Regulations. In situations where ██████████ has requested and received payment from Medical Assistance recipients, in violation of the Medical Assistance Program 'payment in full' provision, ██████████ must identify and return any payments collected within 15 days of the date of this letter.

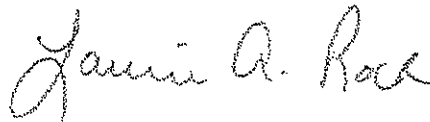
If you require billing assistance in the future, there are a number of resources available.

- a) Access the Department's web site at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)
- b) Send an email to [promise@state.pa.us](mailto:promise@state.pa.us)
- c) Contact:

Bureau of Fee for Service Programs  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675  
1-800-537-8862

Thank you for your anticipated timely response in this matter. Please contact ██████████ to acknowledge receipt of this correspondence and to provide DPW with the name of a contact person at ██████████. Barbara Daniel, Director of Division of Provider Review can be reached at (717) 772-4606.

Sincerely,



Laurie A. Rock, Acting Director  
Bureau of Program Integrity