



Dear Alternative Care Facility (ACF) Provider,

The Department of Health Care Policy & Financing (the Department) has developed a method to automatically update Post-Eligibility Treatment of Income (PETI) calculations for ACF members for procedure code T2031. This automated process will eliminate the need for case managers to manually update PETI worksheets and Prior Authorization Requests (PARs) for the upcoming October 1, 2018, rate change for all ACF clients. The new ACF rate will be \$64.90 before any PETI adjustments.

The automated process will begin in mid-September and include the following system actions:

- Existing active PETI worksheets for current ACF members will be automatically end-dated September 30, 2018.
- Existing active PAR lines for procedure code T2031 will be automatically end-dated September 30, 2018.
- New PETI worksheets will be automatically created for these members using the new October 1, 2018, ACF rate of \$64.90. Existing income and deduction fields will be copied.
- New PAR lines for procedure code T2031 will be automatically created beginning October 1, 2018, using the rate from the new PETI worksheet.

If a member has multiple PETI worksheets or PAR lines ending September 30, 2018, or later, the automated process will skip those members. Case managers will need to update PETIs and PARs for those ACF members manually.

The Department recommends all ACF providers check PARs via the Provider Web Portal to verify that rates have been updated before billing for October dates of service (DOS). Billing for October DOS before a PAR has been updated may result in incorrect payments, which will need to be voided in order to update the PAR. Refer to the [Viewing Prior Authorizations in the Portal - Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#), for step-by-step instructions on viewing PARs via the portal. Please communicate with case managers with any questions on updated PARs.

Contact the [Provider Services Call Center](#) (1-844-235-2387) for additional assistance with billing questions.

Thank you,

Department of Health Care Policy & Financing

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