



**Attention** Community HealthChoices Primary Care Providers:

## Annual Physician Certification Form (MA 570) Completion Reminder


Following the end of continuous coverage for Medical Assistance (MA) recipients resulting from the national Public Health Emergency (PHE), effective April 1, 2023 – annual MA renewals are required for all MA recipients to continue to remain eligible. As a Primary Care Physician (PCP) for Community HealthChoices Participants, you play an important part of the annual renewal process. As a reminder, Community HealthChoices (CHC) is Pennsylvania’s mandatory managed care for dual-eligible individuals and individuals with physical disabilities — serving more people in communities rather than in facilities, giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life.

As part of the annual renewal requirements for a CHC Participant, their PCP will be requested to review and complete a Physician Certification Form (MA 570) for the purposes of recertifying the Participant’s level of care. This form is time sensitive and should be prioritized. The MA 570 is important for the Participant’s continued MA benefits and services under the CHC Program.

When you receive a faxed MA 570 request from PA Health & Wellness, we ask that you support your CHC Participant by completing and returning it to us upon receipt either via fax (866-528-9908) or as an email attachment to [Program\\_Coordination@PaHealthWellness.com](mailto:Program_Coordination@PaHealthWellness.com).

### Talk to your Participants about Medical Assistance Eligibility Renewal

<https://www.pahealthwellness.com/content/dam/centene/Pennsylvania/pdfs/PHW%20PHE%20Unwinding%20Providers%20WEB.pdf>

 <b>pennsylvania</b> DEPARTMENT OF HUMAN SERVICES OFFICE OF LONG TERM LIVING		<b>Physician Certification Form</b>
<p><b>This form is intended for the sole use of the individual or entity to whom it is addressed and contains protected health information (PHI) subject to provision under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). Providers may not submit false information to obtain authorization to furnish services or items under Medical Assistance.</b></p>		
PATIENT NAME:		
PATIENT ADDRESS:		
PATIENT SSN:		PATIENT DATE OF BIRTH:
<b>DIAGNOSIS</b> Please list all diagnoses with <b>ICD codes</b> related to patient’s need for care. Please ensure that you include diagnoses of brain injury and/or developmental disability if present.		
ICD 10 CODE:	PHYSICIAN DIAGNOSIS:	

[www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OOLTL/MA%200570\\_UF%20\(Physician%20Certification%20Form\)%207.31.2020.pdf](http://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OOLTL/MA%200570_UF%20(Physician%20Certification%20Form)%207.31.2020.pdf)

Thank you for your continued partnership. We look forward to continuing to serve our CHC Participants together.