

Health Law PA News and Senior Health News

Newsletters of the Pennsylvania Health Law Project

Harrisburg Philadelphia Pittsburgh

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This newsletter is a combined issue of PHLP's two bi-monthly newsletters. We plan to return to our regular schedule of issuing monthly newsletters in August.

PA Budget Passes But Contains Less Federal Revenue Than Expected

Last month, the General Assembly and the Governor agreed on a 2010-11 state budget of \$28 billion, which includes \$25.3 billion in state dollars and \$2.75 billion in federal stimulus funding. Total spending increased by less than one percent from 2009-10. Funding increases were largely targeted to meet growing demand for health and safety net services, including increases in funding for Medicaid/Medical Assistance and cash assistance.

The budget does not include any additional ongoing revenue sources. The state House of Representatives began debate on legislation that would have raised nearly \$300 million to avoid cuts and meet the increased demand for services resulting from the economic recession, but leaders pulled the bill before a vote could be taken. As a result, Pennsylvania remains the only state without an excise tax on smokeless tobacco and one of only two states without a cigar tax.

Most importantly, the 2010-11 state budget assumes \$1.83 billion in federal Medicaid funds, including \$850 million for the first two quarters of 2011 that is in jeopardy. If Congress fails to approve that funding, Governor Rendell and legislative leaders will have to identify additional cuts in the budget with

(Continued on Page 2)

INSIDE THIS EDITION

Feds Approve PA's High Risk Plan, Changes Made	2
MATP Expands Methadone Maintenance Pilot	3
Health Care Reform Resources for Our Readers	4
PA Creates Health Care Reform Advisory Committee	5
Continuing Health Plan Expansions in Southeast and Lehigh Capital Zones	6
Reminder about Increased MSP Resource Limits	6
Parent Youth Professional Forums Announcement	7
New OMHSAS Bulletin Extends Wraparound Re-Evaluation Timeframe	8

(Continued from Page 1)

the Governor predicting the state would be forced to lay off 12,000 workers. The outcome of recent decisions by the U.S. Senate in early August made the continuation of much of that funding more certain, although it appears Pennsylvania will receive \$600 million, \$250 million less than anticipated.

With this budget, lawmakers may have avoided an unpopular budget stalemate. However, the plan only defers until next year the tough choices facing Pennsylvania as enhanced federal Medicaid dollars disappear while the state faces increased pension costs and transportation infrastructure needs. When the new Governor comes into office in January, he and lawmakers will have to face the loss of \$2.75 billion in federal aid, depleted state surplus funds and state revenues that, as in most states, have declined as a result of this recession.

Feds Approve PA's High Risk Plan, But Make Changes

Individuals with pre-existing conditions will soon be able to get affordable health insurance through **PA Fair Care**, a high risk plan set up by the Pennsylvania Insurance Department. PA Fair Care, approved by the U.S. Department of Health and Human Services (HHS) at the end of June, is made possible by the federal Health Care Reform legislation enacted earlier this year. That legislation provides the Commonwealth with \$160 million to operate a high-risk pool for individuals with pre-existing conditions until January 2014. At that point, the law will go into effect prohibiting private insurers from denying coverage or charging higher premiums to people with pre-existing conditions.

Though HHS approved Pennsylvania's plan, it made some important changes to its operation since we first described the program in our May 2010 Health Law PA News.

Applicants for the limited number of PA Fair Care slots will be enrolled on a first-come, first-serve basis. The application is available starting August 4th. HHS did not approve Pennsylvania's plan to enroll applicants using a lottery system. Because of limited federal funding, PA Fair Care will only cover 3,500 individuals at the onset and then expand to cover approximately 5,600 individuals. The Insurance Department announced that applications can be completed online at www.PaFairCare.com or by phone at 1-888-767-7015 (TTY 1-888-767-7018).

All individuals who are enrolled in PA Fair Care will pay the same premium- \$283.20 per month. Pennsylvania's plan to offer the program at a lower cost to enrolled individuals whose income is under 200% FPL was not approved by HHS. PA Fair Care will cover a broad package of benefits including prescription drugs, durable medical equipment, maternity care, mental health care for serious mental illness, and other inpatient and outpatient services. In addition to a monthly premium, individuals enrolled in PA Fair Care will have an annual deductible to meet and co-pays/coinsurance for all services.

Reminder: To qualify for PA Fair Care, an individual must (i) have been uninsured for at least six months, (ii) have a qualifying pre-existing condition, and (iii) be a citizen or national of the United States, or lawfully present in the United States.

For more information and assistance applying to PA Fair Care, individuals can call 1-888-767-7015.

Do you currently get the Health Law PA News and/or Senior Health News through the mail? Would you like to get these newsletters by e-mail?

If so, contact staff@phlp.org to change the way you get your PHLP newsletters!

MATP Expands Methadone Maintenance Cost-Saving Pilot

To save money and operate the Medical Assistance Transportation Program (MATP) more efficiently, DPW recently announced it will expand its methadone maintenance mileage reimbursement pilot, currently in effect in two counties, to 23 additional counties by Fall 2010.

The methadone maintenance pilot affects MA consumers who receive mileage reimbursement from MATP to travel to and from methadone clinics. Previously, these consumers had been able to go to **any** methadone clinic in their behavioral health plan's network and be reimbursed for all of their mileage. Under the pilot, however, these consumers are now only reimbursed for their total mileage if they travel to one of the two clinics closest to where they live. If a consumer chooses to go to a clinic further away, the new policy mandates that MATP reimburse the person as though he were going to the second closest clinic.

This is how the methadone pilot works: Joe receives mileage reimbursement from MATP to go to and from methadone treatment every day. There are clinics 20 miles, 30 miles and 50 miles away from where Joe lives. If Joe goes to the clinic 20 miles or 30 miles from his home, he will receive reimbursement for his total mileage. If, however, Joe chooses to get his methadone from the clinic 50 miles away, his MATP mileage reimbursement is limited to 30 miles each way (the distance to the second closest clinic).

Consumers do have the right to file a written request to DPW for an exception to the mileage limit if they cannot go to one of the two closest clinics. Valid reasons could include:

- a closer clinic is not accepting new patients;
- the consumer does not meet the intake criteria for the closer clinic;
- medical reasons.

If the exception is approved, the consumer will be fully reimbursed for his travel to the more distant clinic.

DPW is expanding this new MATP methadone maintenance policy –already in effect in Indiana and Cambria counties –to 23 more counties over the next 3 months: Armstrong, Beaver, Berks, Blair, Bucks, Butler, Clarion, Columbia, Crawford, Delaware, Fayette, Huntingdon, Jefferson, Lackawanna, Lancaster, Lawrence, Mercer, Montgomery, Schuylkill, Washington, Wayne, Westmoreland, and York counties. Affected consumers will get a written notice 30 days before the new policy goes into effect in their county.

Any consumers who experience problems getting to their methadone treatment under this new policy can call PHLP's Helpline at 1-800-274-3258.

Please support PHLP by making a donation through the United Way of Southeastern PA. Go to www.uwsepa.org and select donor Choice number 10277.

Health Care Reform Resources Our Readers Might Find Helpful

Working out the details of implementing the federal health care reform that was enacted in March is a monumental task. The Patient Protection and Affordable Care Act is broad and complicated, and it will take years to develop the regulations and policies needed to put all of its provisions into effect. Two resources that consumers and advocates might find helpful are:

- A series of reports written by the Urban Institute
- A web site from Families USA entitled Health Reform Central.

The Urban Institute's series focuses on the likely impact of health care reform on various groups of consumers, small businesses and the states. The reports, under the heading **Everything You Wanted to Know About Health Care Reform but Were Afraid to Ask**, can be found at: http://www.urban.org/health_policy/health_care_reform/Everything-You-Wanted-to-Know.cfm

Topics include:

- *How Will the Patient Protection and Affordable Care Act Affect Seniors?*
- *How Will the Patient Protection and Affordable Care Act Affect Young Adults?*
- *How Will the Patient Protection and Affordable Care Act Affect Children?*
- *Will the Patient Protection and Affordable Care Act Improve Health Outcomes for Individuals and Families?*

Families USA's web site, **Health Reform Central**, offers both an overview of the Act as well as in-depth information on the Act (including a link to the text of the bill), fact sheets, and issue briefs. The web site also addresses roadblocks to implementing reform and lessons from states where health care has expanded, most notably Massachusetts. The web site is: <http://www.familiesusa.org/health-reform-central/>

In addition to the above resources, a third useful website available to consumers is www.HealthCare.gov. This website was created by the US Department of Health and Human Services (HHS) and became active July 1st. It includes information about health care reform and implementation as well as coverage options available to people through both public programs (like Medicaid) and private insurance plans. The website can also link people to other resources to help them find information about health clinics and other community programs available where they live. Because the website is new, it is a work in progress and HHS continues to add information and make changes to the site.

Pennsylvania Creates Health Care Reform Advisory Committee

In May 2010, Governor Rendell signed an executive order creating the Commonwealth Health Care Reform Advisory Committee to “ensure the smoothest possible implementation between now and 2014, when health care reform goes into effect.” The committee consists of legislators, insurance industry executives, hospital representatives, medical professionals, large and small purchasers of health insurance, unions, health and budget policy experts, and consumers. PHLP’s Executive Director, Laval Miller-Wilson, was appointed to the committee. The Advisory Committee meets monthly and its meetings are open to the public.

The Governor also created an Implementation Committee that is limited to members of the Executive Branch and includes the Secretaries of key departments (e.g., DPW, Health, Aging, Budget and Policy) as well as the state Insurance Commissioner. The Implementation Committee is responsible for designing models for high-risk pools, and exchanges, and for identifying technical assistance resources. It will also pinpoint legislative action and draft legislation necessary to enable full implementation. The Implementation Committee meets bi-weekly, but its sessions are closed to the public.

The first two meetings of the Advisory Committee focused on creation of the health insurance exchange—the entity that will provide Pennsylvanians a choice of health plans, offer information about costs and benefits, and handle enrollment. The majority of its June meeting was devoted to presentations from former Massachusetts officials who shared lessons learned about the Massachusetts Connector. The July meeting featured more conversation about the exchanges objectives. For example, is the state simply looking to build an easy-to-use shopping tool for consumers? Or is it looking at the exchange more broadly as a mechanism for transforming the way carriers do business and contract with providers? Committee members also discussed how to operate the exchange. For example, should it be run outside the government by a nonprofit or a quasi-authority or should it be operated by a department controlled by the executive branch? Eventually, Pennsylvania will need very detailed implementation plans and timelines. For now, the Commonwealth has time to discuss and plan.

The Advisory Committee’s next meeting is September 22nd from 10 am until 12:30 in Harrisburg.

PHLP’s Pittsburgh Office Has Moved!

Effective August 2, 2010, PHLP’s Pittsburgh Office has the following new address:

Pennsylvania Health Law Project
415 E. Ohio Street, Suite 325
Pittsburgh, PA 15212

All phone numbers and e-mail addresses for the Pittsburgh staff remain the same.

Continuing Health Plan Expansions in Southeast and Lehigh Capital Zones

For the first time in many years, Medical Assistance consumers in Delaware County, part of the HealthChoices Southeast Zone, will have a choice of health plans if they wish to use the hospitals and doctors that are part of Crozer-Keystone Health Systems (Crozer), the dominant health care provider in the county. Coventry Cares (a new HealthChoices managed care plan that began offering coverage April 1st) signed a contract with Crozer effective July 15, 2010. All of the providers owned by Crozer, including Crozer-Chester Medical Center, Delaware County Memorial Hospital, Taylor Hospital, Springfield Hospital, and Community Hospital now accept Coventry Cares.

This new contract is very good news but still leaves Medical Assistance consumers in Delaware County with limited choice. The only other plan accepted by the Crozer system, Keystone Mercy Health Plan, has been closed to new members since April 1, 2010. Therefore, any Medical Assistance recipient who wishes to use Crozer doctors and hospitals but is not currently enrolled in Keystone Mercy *must choose Coventry Cares*. Keystone Mercy members may switch to Coventry Cares, but will not be able to change back to Keystone Mercy until the enrollment suspension is lifted. Americhoice, Aetna Better Health, and Health Partners remain open to any Medical Assistance recipient in Southeast PA, but these plans have more limited networks in much of Delaware County.

As a reminder, both the HealthChoices Lehigh Capital and the HealthChoices Southeast zones now have five health plans available to consumers. In the Lehigh Capital zone, consumers can choose among Aetna Better Health, AmeriHealth Mercy, Gateway Health Plan, Unison Health Plan, and UPMC for You. In the Southeast zone the available plans are: Aetna Better Health; AmeriChoice; Coventry Cares; HealthPartners; and Keystone Mercy Health Plan (though DPW continues to suspend new enrollments into Keystone Mercy). For the most updated information regarding which plans are accepted by

hospitals and doctors, and for help picking a doctor or plan, call Pennsylvania Enrollment Services at 1-800-440-3989 or go to www.enrollnow.net.

Reminder: Resource Limits for Medicare Savings Program Now \$6,600/\$9,910!!

The maximum amount of resources (i.e., savings accounts, CDs, life insurance) that someone can have to be eligible for the state to pay Medicare Part B premiums (currently \$110.50/mo) is now \$6,600 for a single person and \$9,910 for a married couple. This help with Medicare premium costs, also called the Medicare Savings Program, saves qualified consumers over \$1,200 each year.

The resource limits for the program had been \$4,000 (single person) and \$6,000 (married couple) but increased January 1, 2010. Although the new limits have been in effect for many months, PHLP learned that some County Assistance Offices (CAOs) still aren't applying the new limits or are still giving out information about the old limits. We raised this problem with the Department of Public Welfare and asked them to make sure the CAOs have the updated information and are giving out correct information to consumers and family members.

Medicare beneficiaries whose income is below \$1,219 per month (single) or \$1,821 (married couple) and who meet the \$6,600/\$9,910 resource limits can qualify for the Medicare Savings Program. Beneficiaries can call 1-877-395-8930 to get an application.

Remember that some resources do not count (i.e., the home that someone lives in, a pre-paid burial account) when DPW decides who is eligible for this program. Please contact PHLP at 1-800-274-3258 if you have questions about qualifying or if you meet the new limits but have been denied by DPW.



Parent Youth Professional Forums

Please join us! We need parents, youth and caregivers!

The Pennsylvania Health Law Project, PA Academy of Pediatrics, PA Department of Health and the PEAL Center are working together on a State-wide Implementation Grant. The purpose of the grant is to improve services for Children and Youth with Special Health Care Needs (CYSHCN).

Upcoming Parent Youth Professional Regional Forums

Families of children and youth, young adults with special health care needs, community services providers, health care providers and other stakeholders are encouraged to attend one of these forums to share your ideas on how to improve the systems and services for CYSHCN.

Northwest Region

August 9–11:30 am–1:30 pm
Raymond M. Blasco, M.D. – Memorial Library
(Hirt Auditorium)
160 East Front Street
Erie, PA 16507

Southeast Region

September 28 - 8:30 am to noon
Delaware County Intermediate Unit #25
200 Yale Avenue
Morton, PA 19070

Northwest Region

August 10 – 9:30am- noon
Intermediate Unit #4
453 Maple Street
Grove City, PA 16127

South Central Region

October 4 – 9:30 am to noon
Giant Community Center
330 Trindle Road,
Camp Hill, PA 17011

North Central Region

August 20 – 9:30 am to noon
Dept. of Health North Central District Office
1000 Commerce Park Drive
Williamsport, PA 17701

Southwest Region

October 14 – 9:30 am to noon
Beulah Presbyterian Church
2500 McCrady Road
Pittsburgh, PA 15235

Northeast Region

September 14– 10 am to 12 noon
Dept. of Health Northeast District Office
665 Carey Avenue
Wilkes-Barre, PA 18706

Please contact Grace Egun (PHLP) for additional information or to RSVP if you plan to attend an upcoming forum by e-mail: gegun@phlp.org or by phone: 1-717-520-1346 or 1-215-625-9111 ext. 121. If you are unable to attend any of the regional forums, you can share your thoughts and ideas by e-mail or telephone.

Regional Youth Forums

Youth ages 14 to 24 with special health care needs are invited to attend regional youth forums. For more information, please contact Josie Badger at josiebadger@hotmail.com or 724-944-0429.

New OMHSAS Bulletin Extends Wraparound Re-Evaluation Timeframe

In July, the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a Bulletin extending the re-evaluation period from four to six months for children's Behavioral Health Rehabilitation Services, commonly referred to as "wraparound." "Wraparound" refers to a combination of services that can include Mobile Therapy, Behavioral Specialist Consultant, and Therapeutic Staff Support (TSS). The Bulletin, effective August 1st, decreases the frequency that children and adolescents have to be re-evaluated to receive these services. Currently, an initial evaluation is required followed by a re-evaluation for services every four months for children who do not have a developmental disorder such as autism or pervasive developmental disorder. (Those children are only required to have a re-evaluation every 12 months. This Bulletin does not affect those children.)

The new Bulletin allows an initial evaluation and subsequent re-evaluations to prescribe services for up to six months. The six month interval also applies to the completion and submission of the treatment plan, the plan of care and the documentation of the Interagency Service Planning Team meeting. If a child's needs change, re-evaluations can occur more frequently than every six months if a family member or treating professional believes it is necessary to meet the child's current needs.

PHLP has heard from numerous parents over the years that the requirement for re-evaluations of wrap-around services every four months was too frequent. Extending the requirement for re-evaluations to every six months will likely be welcome news to many families with children receiving wraparound services.

The new Bulletin can be reviewed at <http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?BulletinId=4572>.

Pennsylvania Health Law Project

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