

# A Consumer Guide to HealthChoices



HealthChoices is what the Pennsylvania Department of Public Welfare (DPW) calls mandatory managed care for Medicaid (also referred to as “Medical Assistance” in Pennsylvania) consumers. Under HealthChoices, Pennsylvania Medical Assistance (MA) consumers must enroll into a managed care plan and get all their care through that plan unless they fall into an exempt group. As a MA consumer, you have the right to choose your physical health plan. In addition, you will be enrolled in a behavioral health plan that is selected by your county.

This Guide is intended to provide you with a brief overview of how the HealthChoices program works and what you can do to get your needs met under this program.

The guide will provide you with information to determine your HealthChoices zone, give you step by step directions for selecting a plan, and provide important information about your rights. This guide will also give you information about appealing denials of services by your plan. Finally, the guide will describe the Medical Assistance Transportation Program if you need help getting to and from your medical care and treatment.

This guide was created by the Pennsylvania Health Law Project  
in partnership with the Pennsylvania Office of Rural Health.



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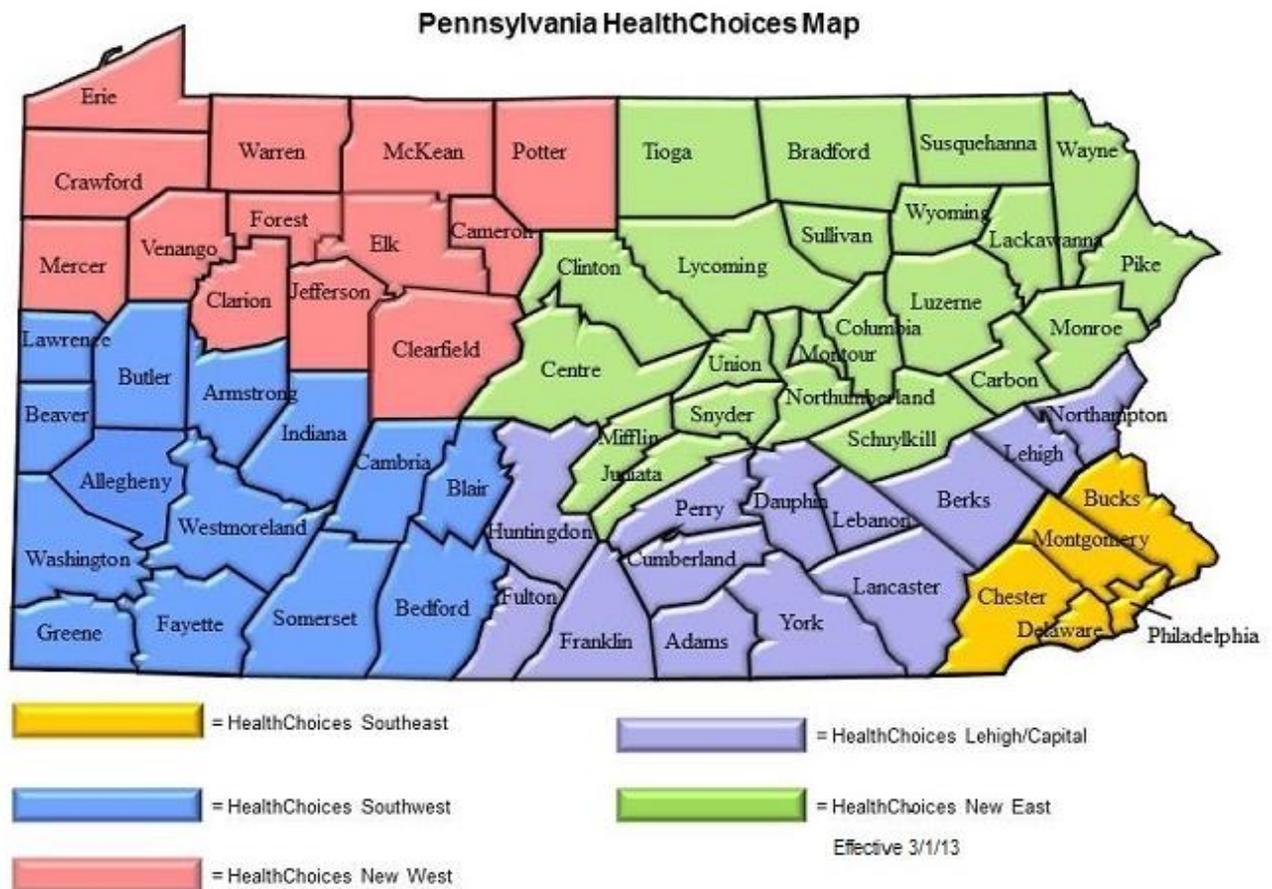
# Finding Your HealthChoices Zone

Pennsylvania's 67 counties are divided into five regional HealthChoices zones. Each zone has its own physical health plan options that are specific to the zone.

To find your zone and the physical health plan options available to you in your zone, visit the enrollnow website at:

[https://www.enrollnow.net/PASelfService/en\\_US/print\\_CC.html](https://www.enrollnow.net/PASelfService/en_US/print_CC.html)

Or call: **(800) 440-3989**, TTY (800) 618-4225



# Physical Health Managed Care

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HealthChoices consumers receive all physical health care and all prescription medications through their physical health managed care plan. When you go to the hospital, doctor, or pharmacy, you will show them your insurance card provided by the plan you have selected. You must get all of your services from in-network providers in order for them to be paid for by your plan. As a result, it is important to pick the plan that will work best for you.

## Choosing a Physical Health Plan

### 1) Pick a plan that will work with your medical providers.

Under HealthChoices, you need to choose and enroll into a physical health plan.

After that, you can only get services from providers that are within your plan's network. If you don't pick a plan, you will be randomly assigned to a plan by DPW.

#### How do I know what plan will work best for me?

Make a list of all of your important health care providers. This may include: your primary care doctor, any specialists you see, your hospital, your dentist, pharmacies you use, and any medical suppliers that you use for items such as wheelchairs or oxygen. Once you have that list ready you will have to compare it to the plans offered in your zone.

#### How do I find out what plans my doctors work with?

You can do this by:

- Directly contacting your medical providers and ask which plans they take, or
- Contacting PA Enrollment Services at 1-800- 440-3989 and asking them which plans work with your providers, or
- Going to the Enrollment Services website (<https://www.enrollnow.net/PASelfService/faces/search.xhtml>) to look up your doctors to see what plans they take.

### 2) Make sure the plan you choose will cover your prescription medications.

Your physical health plan also is responsible for covering your prescription medications. That means you must get all of your prescriptions filled at an in-network pharmacy and that the drug must be a medication that the plan covers. Some plans limit the number of prescriptions adults can have filled each month.

#### How do I choose a plan that will cover the prescriptions I need?

Make a list of **all** the medications that you take (include the dosage and quantity). Once you make your list, contact the plan(s) that work with your doctors to check if your medications are covered. Each physical health plan also has a website and most plans list their drug formulary on their website.

**3) Find out what co-payments you will have and whether the plan offers any extra benefits.**

You should look to see if the plan has any co-pays that you would be responsible to pay. Plans may have co-pays for ambulance rides, x-rays, prescriptions, doctor appointments, and many other services. In addition, some plans offer “extra” benefits and services such as eyeglasses for adults or weight loss programs.

This information is available on the health plan comparison chart that you can view by clicking on your zone at:

[http://www.enrollnow.net/PASelfService/en\\_US/print CC.html](http://www.enrollnow.net/PASelfService/en_US/print_CC.html).

**How do I enroll in a plan?**

After you’ve decided what plan you want to join, you can contact PA Enrollment Services to enroll and to choose your primary care provider (PCP). You can enroll online at [www.enrollnow.net](http://www.enrollnow.net) or by calling PA Enrollment Services at 1-800-440-3989 (TTY 1-800-618-4225).

**Important things to know:**

✓ **You don’t have to pick a Primary Care Provider (PCP) immediately when you enroll.**

If you are not ready to pick a PCP when you select a plan, you have 14 more days after you join a plan to select a PCP. If you don’t pick a PCP within 14 days, the plan will pick one for you. For some good tips on choosing a PCP, visit:

[http://www.enrollnow.net/PASelfService/en\\_US/choosedoctor.html](http://www.enrollnow.net/PASelfService/en_US/choosedoctor.html)

✓ **You can change your plan or your PCP at anytime.**

- To make changes to your plan, contact Enrollnow.
- To make changes to your PCP, contact your health plan.

✓ **Every family member picks a plan individually.**

Family members do not have to be enrolled in the same plan. Each family member can select the plan that best fits their individual needs.

✓ **The plan you choose is required to send you a member handbook.** Each plan’s member handbook is also available on their websites.

## Behavioral Health Managed Care

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Under HealthChoices, you are enrolled in a separate behavioral health managed care plan to cover the behavioral health services you may need. You will access all mental health and drug and alcohol services through providers in your behavioral health plan network. Unlike the physical health side of managed care, you cannot choose your behavioral health plan. Instead, your county has selected the plan that will provide behavioral health care to its residents.

You can find out more information about your county's behavioral health plan by checking out PHLP's Behavioral Health service lists here: <http://www.phlp.org/wp-content/uploads/2011/06/MHDAPub.pdf>.

Enrollnow also provides a list at:

[http://www.enrollnow.net/PASelfService/en\\_US/behav.html](http://www.enrollnow.net/PASelfService/en_US/behav.html)

### **Important things to know:**

- ✓ Prescriptions, even those prescribed by behavioral health providers, are filled using your physical health managed care plan card.
- ✓ To find providers in your behavioral health network, you can call the member services number of your plan or call providers directly and ask if they take your behavioral health plan.
- ✓ Behavioral health plans do not give you a member card like your physical health plan does. Instead, you can use your physical health plan card to show to behavioral health providers.
- ✓ Your behavioral health plan is required to send you a member handbook. The member handbook also is available on the plan's website.
- ✓ You do not need a referral from your PCP to see a behavioral health provider.

# Appeal Rights When You Are In a Managed Care Plan

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If your plan denies, reduces, or stops your services or treatment, or if you are unhappy with the care you have received, you can appeal. You can file a complaint or a grievance with the plan and/or file a request for a fair hearing.

For complaints and grievances, there are two levels of review done by your managed care plan; then you can appeal further by asking for a review by an outside group. Individuals can also request a Fair Hearing after the initial denial, the first level grievance decision, or the second level grievance decision.

**Complaint:** A complaint is a dispute or objection about a participating provider, or about the coverage, operations, or management of a plan. Examples include: you cannot find a specialist in the plan's network to meet your needs or you are unhappy with the long delays in getting an appointment with your PCP.

**Grievance:** A grievance is a request to reconsider a plan's decision that a service or treatment is not medically necessary. Examples include: your health plan refuses to pay for medication because the plan believes another similar medication will meet your needs, or your health plan denies home health aide services for your child as not medically necessary.

## External Review

Individuals who are not satisfied with a second level complaint or grievance decision can request a review by someone outside the plan. You must request this within 15 days of receiving the second level decision (if you are currently receiving services, file your request within 10 days to keep getting the services during the appeal process). For complaints, the requests are handled by either the Pennsylvania Department of Health or the Pennsylvania Department of Insurance. All grievance reviews are sent to the Department of Health who then assigns someone outside the plan to review the decision.

The plan sends the file to the External Reviewer. You can also send them any additional information. Grievances will be decided within 60 days and a written decision will be sent. There is no timeframe for a complaint decision.

## Fair Hearings

In all grievance matters and in some complaints, you can request a Fair Hearing instead of, or in addition to, requesting a grievance or complaint. You can file a Fair Hearing at the same time you request a complaint or grievance or after the first or second level decisions.

You must request a Fair Hearing in writing within 30 days of the date of the decision you're appealing (10 days to get continued benefits). Fair Hearings are handled by the Department of Public Welfare, and they must be decided within 90 days of receiving your request.

## **Expedited Appeals**

At any level of appeal, if your doctor believes that your health would be harmed by waiting the usual timeframes for a decision, you can request a quicker decision. Your doctor will need to certify that you will be harmed by waiting. Once that is received, an appeal is conducted and a decision made within 48-72 hours.

### **Where can I find more information about appealing a decision?**

Check out PHLP's appeal fact sheet, located at: <http://www.phlp.org/wp-content/uploads/2012/06/Appeal-Fact-Sheet-2012.pdf>

# **Understanding the Medical Assistance Transportation Program**

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The Medical Assistance Transportation Program (“MATP”) is available to any Medical Assistance consumer who needs help with non-emergency transportation to and from health care services or treatments. In Pennsylvania, the state pays each county to administer an MATP program.

## **Where can I go with MATP?**

You can use MATP to get to any Medicaid-covered health care service or treatment. That means, depending on your Medical Assistance coverage, you can use MATP to go to:

- appointments with your doctor, psychiatrist or psychologist
- dental appointments
- mental health or drug & alcohol treatment
- the pharmacy to fill prescriptions
- the hospital or another facility for tests or treatments
- durable medical equipment suppliers

## **Do I Need to Apply for MATP?**

Yes. A one-time application must be completed and signed and sent to your county’s MATP. To get an application, contact your local MATP office. A list of phone numbers for each county MATP office can be found on DPW’s MATP website, <http://matp.pa.gov>.

## **How Does MATP help with transportation?**

MATP is required to provide the least costly and most appropriate form of transportation to meet your needs. This means:

- If you own a car or have a car available to you, MATP will usually reimburse you for your mileage to and from your medical appointments/other treatments.
  - The mileage reimbursement rate is 12 cents per mile, plus the cost of parking and tolls.
- If you can ride the bus or use other public transportation to get to and from your medical appointments, then the MATP will provide you with tokens, with passes, or will reimburse you for the fare.
- If you don’t have a car, and public transportation is not available or accessible, then the MATP will provide a ride for you using shared-ride vans, taxis, or other accessible vehicles for persons with disabilities

## **Using MATP Services**

If you need a ride to a medical appointment or to an MA-covered service, you must contact your local MATP in advance to schedule the ride. Most programs provide “group” rides and

have a fixed route schedule to certain locations within the county (i.e., hospitals) and to destinations outside of the county. Consumers going to those locations generally must schedule their appointments to fit within the county's fixed route schedule. The MATP must make other arrangements for you if you cannot schedule an appointment within the county's group ride plan, or you have safety or security issues with waiting for a return ride back to your home.

If you are seeking mileage reimbursement from MATP, each county has its own policies about verifying appointments and timelines for submitting reimbursement requests. Typically, consumers submit a form to their local program on a monthly basis documenting all trips for which mileage reimbursement is being requested. In addition, receipts must be submitted for any parking fees or toll road fees. The county verifies the information and then sends a reimbursement check to the consumer.

## **How Far Can I Go With MATP?**

The MATP is responsible for helping you to get to and from the medical care and treatment that you need. However, there are limits depending on where you are going and how you are receiving your Medical Assistance.

- If you need a ride to the pharmacy, MATP will only take you to your choice of either the two pharmacies closest to your home or the two pharmacies closest to your prescribing doctor's office.
- If you need help with transportation to a methadone clinic, MATP will only take you (or reimburse you for mileage) to the methadone clinic closest to your home. (Note: you can ask for an exception if you have a good cause reason for not going to the clinic closest to your home)
- If you need help with transportation to any other type of provider, **and you are in a Medical Assistance managed care plan**, you can go to any provider that you choose within your plan's network.
- If you need help with transportation to any other type of provider, **and you are in MA-FFS (using the ACCESS card as your insurance card)**, the MATP will only transport you to the provider closest to your home who can meet your medical need.
  - Note: You can be transported by MATP to a more distant provider if you prove a medical need to go further for your care.

## **Special Considerations for Persons with Disabilities and Those Who Are Elderly**

If you cannot travel independently to and from medical appointments, the MATP will cover the costs of an escort to accompany you on MATP trips.

The MATP typically provides “curb-to-curb” service. However, if you cannot safely get to and from the curb, the MATP must provide “door-to-door” service based on the level of service appropriate for your physical and/or mental abilities. (Note: “door-through-door” is not an MATP covered service so drivers cannot enter your home or the building you live in to assist you.)

If you have Medicare and health coverage through Medical Assistance, you can use MATP to go to any service paid for by Medicare as long as the service is given by a provider who is also registered with Medicaid.

Each county must provide TTY and/or PA Telecommunications Relay Service upon request to communicate with consumers who are deaf or hard of hearing and also provide information to these consumers about how to access interpreter services.

### **What about Kids?**

Children under 18 on Medical Assistance can also use MATP services. If their parents need help with transportation costs and they are driving them to and from medical appointments, they can seek mileage reimbursement for those trips. If the parents don’t have a car, and public transportation is not available or accessible, then the MATP will provide a ride for the child using shared-ride vans, taxis, or other accessible vehicles. Children under 18 can be escorted by a parent or other relative/guardian on MATP trips.

### **What Can I Do If I am Having Problems Using MATP Services?**

#### **You can complain:**

If you are unhappy with how you are being treated by the MATP or with the services that are being provided to you, you can file a complaint with the program. Each county has a complaint process in place and must look into all matters and respond within certain timeframes. If you are not satisfied with how your complaint is handled by your local program, you can complain further to the state Department of Welfare.

#### **You can appeal:**

If the county program denies, reduces or terminates MATP services, you are entitled to receive a written notice that gives you the reasons for that decision along with information on how to appeal. This includes:

- If the county denies you a ride to a medical appointment or other MA-covered service.
- If the county denies you the type of transportation (i.e., shared ride) that you need.
- If you requested door-to-door service and were denied.
- If you were denied mileage reimbursement.

- If you were denied a bus pass or reimbursement for the cost of using public transportation.

You can appeal and request a Fair Hearing with an Administrative Law Judge if you disagree with the county's action. If you are receiving MATP services that are being terminated, reduced, or changed **and you appeal within 10 days of the date of the county's notice**, you have a right to continue to receive your current MATP services until the appeal is decided.

## **Where can I find more information about Pennsylvania's MATP Program?**

The Pennsylvania Department of Public Welfare has a Medical Assistance Transportation Program website that contains information on the state's MATP regulations and policies as well as contact information for all county programs. For more information, go to <http://matp.pa.gov>.

## **Where can I find more resources about HealthChoices?**

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- PHLP's website: <http://www.phlp.org/>
- PA Enrollment Services: <https://www.enrollnow.net/PASelfService/home.html>
- PA Enrollment Services, Consumer Guides: [https://www.enrollnow.net/PASelfService/en\\_US/print\\_CG.html](https://www.enrollnow.net/PASelfService/en_US/print_CG.html)
- PA Enrollment Services: 1-800-440-3989 (TTY 1-800-618-4225).

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call PHLP's Helpline at 1-800-274-3258.

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