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Community Health Choices News

[Community HealthChoices](#) is the name being given to Pennsylvania’s plan to develop a statewide long term services and supports system. The plan requires dual eligibles (those on Medicare and Medicaid) and all adults on Waivers administered by the Office of Long Term Living to be enrolled in managed care plans for their Medicaid and long term care services. As noted in our last Newsletter, the Department of Human Services (DHS) issued a Draft Community HealthChoices- Request For Proposal (RFP) and Draft Program Requirements in November and imposed a public comment deadline of December 11th. PHLP provided extensive [comments](#) to the draft documents on behalf of our clients, the Consumer Subcommittee of the Medical Assistance Advisory committee.

On December 14th, DHS issued the remaining portions of its [Draft Community HealthChoices Agreement](#) that deals with, among other things: Participant Rights and Responsibilities; requirements related to MCO denial notices, appeals and grievances; and Managed Care Organization (MCO) reporting requirements. The draft agreement also contains guidelines for prior authorization and Quality Management and Utilization Management. The deadline for public comment is **January 8, 2016**.

After reviewing public comments and recommendations, DHS plans to release its statewide Community HealthChoices-RFP for interested insurers by early February. Once bids are submitted and reviewed, DHS intends to choose from two to five CHC-MCOs to operate in each zone. The state continues to stand by its original timeline and intends to launch Community HealthChoices in 14 counties in Southwestern Pennsylvania beginning January 2017. We will continue to update our readers on this important program in future newsletters.

DHS Extends Its Waiver Enrollment Broker Contract; Moving Forward With Certain Changes

Last month, Department of Human Services' (DHS) officials announced their intent to issue a new Request for Proposal (RFP) for the Independent Enrollment Broker for the Office of Long Term Living's (OLTL's) home and community-based services Waiver programs (Aging, Attendant Care, CommCare, Independence and OBRA). A previous RFP was issued in April, but will not move forward. The Department's reasoning for issuing the new RFP is to create better alignment with Community Health Choices, the initiative for Managed Long Term Services and Supports in Pennsylvania discussed in the previous article as well as in several recent newsletters.

Currently, MAXIMUS is the Independent Enrollment Broker for people age 18-59 with physical disabilities who are applying for the Attendant Care, CommCare, Independence, and OBRA Waivers as well as the Act 150 Program. Area Agencies on Aging currently provide enrollment services for people age 60 and older seeking the Aging Waiver.

The Department has extended its contract with MAXIMUS until November 2016 to give the state time to issue a new RFP and decide on an enrollment broker going forward. Although the previously issued RFP has been withdrawn, DHS has made some program changes. As part its contract extension, MAXIMUS will:

- Handle enrollments into the Aging Waiver starting March 1, 2016
- Conduct a needs assessment and complete the Individual Support Plan as part of its enrollment process. The enrollment broker will also continue to assist in getting the physician certification form completed and to complete the Medical Assistance application. After someone has been approved for a Waiver, MAXIMUS will transfer the case to the Service Coordination Organization of the individual's choice. The Service Coordination entity will submit the Service Plan to OLTL for approval before services can start.
- Process enrollments within 60 days (including time for the County Assistance Office to determine financial eligibility). Individuals will be able to track where they are in the application process via a website that has not yet been released.

Many stakeholders attending various Advisory Committee meetings expressed concerns to OLTL about having MAXIMUS take over Aging Waiver enrollments from the county Area Agencies on Aging. The Medical Assistance Advisory Committee's Long-Term Care Subcommittee voted to oppose including the Aging Waiver in the new contract with MAXIMUS. We'll keep readers updated about any developments in future newsletters.

Supreme Court Rules In Highmark And UPMC Dispute

On November 30th, the Pennsylvania Supreme Court issued a decision in the case of [Commonwealth of Pennsylvania vs. UPMC and Highmark Inc.](#), holding that Medicare beneficiaries enrolled in any of Highmark's Medicare Advantage Plans will continue to have in-network access to UPMC hospitals and doctors.

UPMC is the dominant provider of health care services in western Pennsylvania, while Highmark is the dominant insurer in the region-covering more than 60 percent of the market including approximately 182,000 Medicare beneficiaries. The case arose out of an announcement by UPMC in March that it would close its network of hospitals and physicians to Highmark Medicare Advantage Plan members on December 31, 2015. In response, the Commonwealth of Pennsylvania filed a motion with the Commonwealth Court asserting UPMC's action violated an earlier agreement (referred to as a "consent decree") the state brokered between UPMC and Highmark that was given legal sanction by the Court. The Commonwealth Court agreed with the state and issued an order enforcing the consent decree and denying UPMC's request that the order be "stayed" while it appealed the decision.

UPMC appealed to the Supreme Court and requested an expedited review which the Court granted. After hearing oral arguments by all parties to the case, the Supreme Court issued its decision upholding the Commonwealth Court's ruling that UPMC was violating the consent decree. The Supreme Court held that the consent decree included specific protections for "vulnerable populations" which included all Medicare participating consumers. That means UPMC is required to be in a contract with Highmark and must allow in-network access to UPMC physicians, hospitals and other services to all those in Highmark Medicare Advantage plans until the consent decree expires at the end of June 2019.

Reminder About Part D Plan Transition Requirements

Under Medicare rules, Part D plans must provide a one-time temporary supply of a medication within the first 90 days of coverage for enrollees who have been taking a drug that is either not in the Plan's formulary, or that requires prior authorization or other approval from the plan before it can be covered. This transition requirement applies to new plan enrollees as well as current plan enrollees who are affected by changes to their plan's formulary from one plan year to the next.

The purpose of the one-time temporary supply of a month's worth of medication is to allow time for the prescribing doctor to either switch their patient to another medication covered by the plan, or to seek authorization or a formulary exception from the plan. Individuals who qualify for a Special Enrollment Period (including anyone who has both Medicare and any level of Medicaid coverage as well as anyone receiving Extra Help) also have the option of changing their Part D plan to one that **does** include their medications on the formulary.

PA CHIP Reauthorized

Governor Wolf recently signed legislation extending Pennsylvania's Children's Health Insurance Program (CHIP), which was set to expire on December 31, 2015. CHIP is a health insurance program for kids birth to age 19 in low and moderate income families and ensures 150,000 young people. The program is funded through a combination of federal and state dollars and therefore required legislation at both levels of government for the program to continue. The federal government had already acted. On April 16, 2015, President Obama signed into law H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015 that extends the federal Children's Health Insurance Program for two years.

In addition to reauthorizing CHIP until the end of 2017, the Pennsylvania CHIP legislation ([Act 84](#)) also:

- moves the authority for CHIP from the Department of Insurance to the Department of Human Services (DHS);
- requires express lane eligibility (see below);
- adds two additional seats to the Children's Health Advisory Council; and
- permits DHS to communicate CHIP eligibility information electronically to the Department of Education, and subsequently, to public and non-public schools.

“Express lane eligibility” means DHS can access data from existing government databases, and from other means-tested programs, in order to expedite and simplify eligibility determinations for CHIP and for Medicaid. As a result, the Department can access the information from programs such as the Supplemental Nutrition Assistance Program, the School Lunch Program, and the Women, Infant and Children Program and use that data to determine eligibility for CHIP. This lessens the burden on families seeking coverage for their children and should expedite CHIP eligibility determinations.

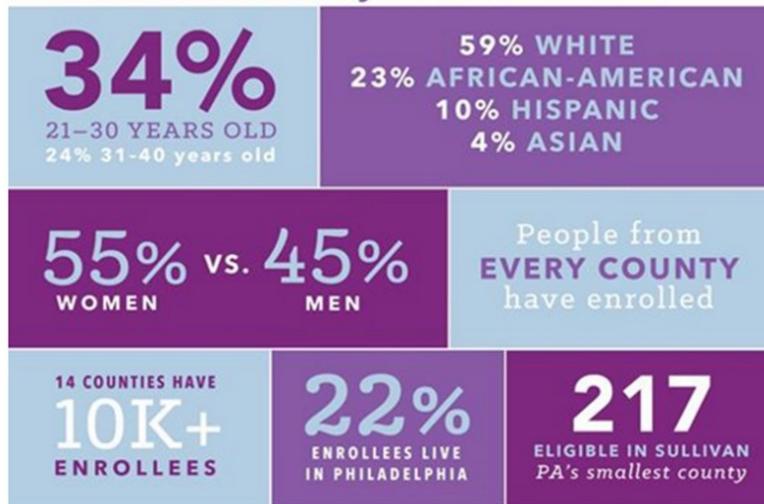
CHIP coverage is either free, low-cost, or full cost depending on the size and income of the child's household. More information about qualifying for CHIP can be found on page 10 of [PHLP's Eligibility Manual](#).

Medicaid Expansion Enrollment Hits 500,000

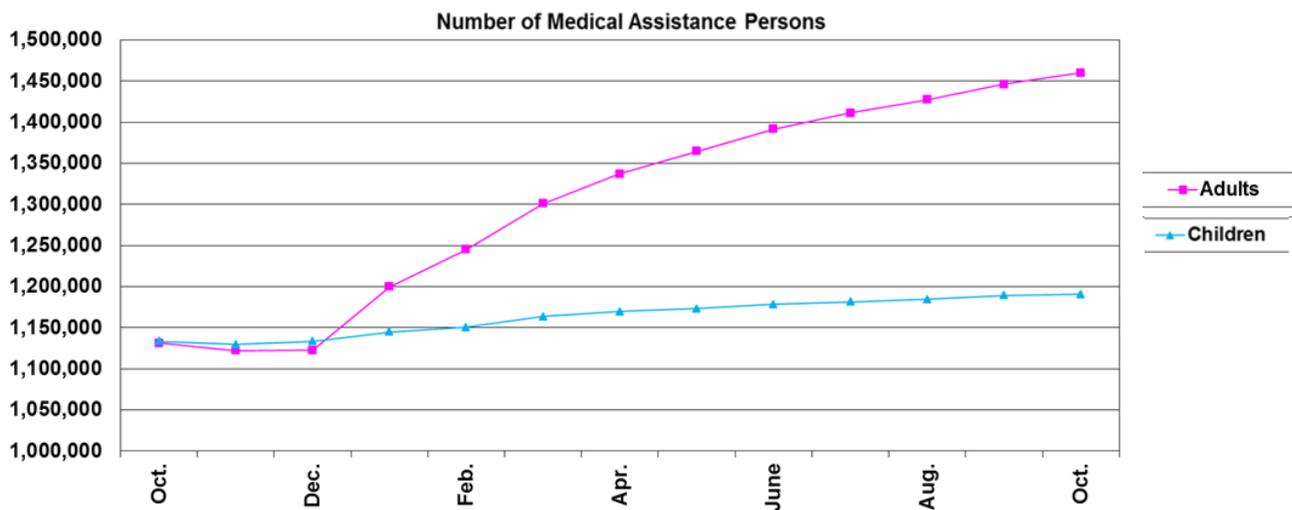
As a result of the expansion opportunity created by the Affordable Care Act, half a million Pennsylvanians now have Medicaid coverage. Under Medicaid expansion, nearly all low-income Pennsylvanians qualify for comprehensive and affordable health coverage. A person can now qualify for Medicaid coverage if he or she is less than 65-years-old, not eligible for Medicare, and has income under 138 percent of the Federal Poverty Level (\$16,242 per year for a single adult).

Through its press releases and infographics (see next page), the Wolf Administration has emphasized the geographic and racial diversity of the 500,000 adults newly enrolled in the Medicaid program. According to state officials, the rate of uninsured in Pennsylvania has dropped from 14 percent in 2013 to 8 percent today.

500,000 HealthChoices enrollees by the numbers



Approximately 600,000 low-income adults in Pennsylvania were expected to qualify under Medicaid expansion. Roughly 80,000 of these adults were enrolled in state-funded insurance coverage prior to 2015. See [PHLP's Medical Assistance Eligibility Manual](#) for more information about qualifying for Medicaid, including under the MAGI Adult Expansion category. Coverage for the expansion population is fully funded by the federal government until 2017. After that, the funding gradually reduces to a 90 percent federal match for 2020 and beyond.



Individuals who are wrongly denied Medicaid coverage should call the PHLP Helpline at 1-800-274-3258 for help.

Open Enrollment In The Marketplace Continues

Consumers have until January 31st to enroll in a 2016 Marketplace plan for the first time, renew their current plan, or pick a new plan. Individuals can also apply for financial help to help them pay for their Marketplace coverage.

Anyone who already has Marketplace coverage should compare 2016 plan costs and coverage to decide whether they want to keep their current coverage or join a new plan for next year. These individuals should also update their household size and income with the Marketplace to make sure they get the correct amount of financial help in 2016.

Although Open Enrollment does not end until January 31, 2016, people had to act by December 17th to make sure their new health insurance coverage started on January 1, 2016. Help with enrollment and comparing plan options is available through many organizations across Pennsylvania-see localhelp.healthcare.gov for resources. 2016 Plan information is available at www.healthcare.gov or by calling 1-800-318-2596 (TTY: 1-855-889-4325).

Pennsylvania To Expand Pilot Program for Pregnant Women With Substance Use Disorders

In 2016, the Pennsylvania Medicaid program will launch a new program to better coordinate care for pregnant women with substance use disorders (SUDs) with the goal of improving the health of mothers and improving the birth outcomes of newborns. The new program expands a successful pilot program in Allegheny County to 20 sites across the state that have a high number of pregnant women. In the Allegheny County pilot, pregnant women with SUD could get treatment with buprenorphine (a medication used to treat opioid addiction in the privacy of a physician's office) on an out-patient basis that was then integrated with their prenatal care. In addition to the buprenorphine, patients received behavioral counseling and also met with social workers and midwives.

In the expansion to more sites across the state, HealthChoices physical health managed care organizations (PH-MCOs) will collaborate with the behavioral health managed care organizations (BH-MCOs). The PH-MCOs are responsible for covering the cost of the buprenorphine and for collaborating with the BH-MCOs who are responsible for providing substance abuse counseling. Participants will also have other options including receiving methadone treatment at a methadone clinic or drug-free treatment.

Comments To Proposed Autism Waiver Changes Due January 11th!

The current Adult Autism Waiver expires at the end of June 2016. The Bureau of Autism Services (BAS), which administers the Autism Waiver, has proposed changes to the Waiver program that it plans to include in its request to renew the Waiver. The renewal request is due to the federal government in March 2016. Highlights of the proposed changes include:

- Increasing the number of participants served;
- Adding reserved capacity for ten individuals discharged from a state hospital and for three individuals transferring from the Adult Community Autism Program;
- Allowing the use of an interim service plan when an individual has a protective services plan that specifies a need for long-term support and is enrolled in the Adult Autism Waiver using reserved capacity;
- Revising the intake process for individuals age 18-20 so that a person can keep their “place” on the interest list if their name comes up before they are 21 years old; and
- Changing some services—for example: a new service called “Specialized Skill Development” is created that expands Behavioral Specialist Services and combines it with Community Inclusion; environmental modifications will be separated into two services—home modification and vehicle modifications with revisions to the home modification limits; occupational therapy will no longer be a covered service; and Family Living settings (residential rehabilitation) will offer a medical level of support in addition to the current high and low levels of support.

People can view the proposed changes to the Adult Autism Waiver [here](#). Those interested in submitting written comments to the proposed changes can do so until **January 11th**. Comments can be submitted:

- **By Mail** to the Department of Human Services, Office of Developmental Programs, Bureau of Autism Services, Attn: Lea Sheffield, 625 Forster Street, Room 605, Harrisburg, PA 17120.
- **By Email** to the Department at RA-odpautismwaiver@pa.gov. Please include “AAW Renewal” in the subject line.

Interested individuals are encouraged to review the proposed changes and submit comments! One area that advocates are encouraging people to comment on is to allow participation direction for several services that will be available through the revised waiver, such as community support (currently called “community inclusion”), systematic skill building, non-residential respite and supported employment. The Adult Autism waiver is the **only** adult waiver in Pennsylvania that does not permit participant directed services.

DHS To Hold Family Input Session On Medical Necessity Guidelines For ABA

The Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS) has set up a workgroup of clinicians to develop medical necessity guidelines that will be used in determining whether and how much Applied Behavioral Analysis (ABA) services should be authorized for a child. This is part of OMHSAS' efforts to expand access to ABA for children and youth on the autism spectrum. At the request of PHLP and the Disability Rights Network, OMHSAS has agreed to give families an opportunity to get information about the proposed guidelines and give input on them. **The input session will be done by webinar.** Here is the information about that input session:

ABA Stakeholder Input Session—Friday, January 8 at 10AM

To join the webex: <https://copa.webex.com/copa/j.php?MTID=m5b4dfdaad372b921402c61c4dd26067e>

Meeting number: 649 528 659 Meeting password: Cristal##1

To join the conference call:

1-877-668-4493

Access code: 649 528 659

Interested family members of children on the autism spectrum are encouraged to participate and provide input!

Happy Holidays From PHLP!

Please consider us when you are making any year-end contributions to charitable organizations and help us continue to advocate for the most vulnerable Pennsylvanians, and to keep stakeholders updated, as our Commonwealth continues to make historic decisions about health law as noted in this newsletter issue as well as past editions. Donations can be made by mail or by using [our secure online form](#).

We look forward to continued partnership and a productive and successful 2016. PHLP wishes you and your family a happy holiday season and good health in the New Year!

Our Mission

Founded in the mid-1980s and incorporated in 1993, PHLP protects and advances the health rights of low-income and underserved individuals. Our talented staff is passionate about eliminating barriers to health care that stand in the way of those most in need.

We seek policies and practices that maximize health coverage and access to care, hold insurers and providers accountable to consumers, and achieve better outcomes and reduce health disparities.

PHLP advances its mission through individual representation, systemic litigation, education, training, and collaboration.

You can help

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Support Our Work

Please support PHLP by making a donation on our website at phlp.org. You can also donate through the United Way.

For Southeast PA, go to uwsepa.org and select donor choice number 10277.

For the Capital Region, go to uwcr.org and pledge a donation to PHLP.

For the Pittsburgh Region, go to unitedwaypittsburgh.org and select agency code number 11089521.

PHLP: Helping People in Need Get the Health Care They Deserve