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DHS Announces New HealthChoices MCOs

Starting next year, there will be changes to the Physical HealthChoices managed care plans offered in every zone across Pennsylvania. The Department of Human Services (DHS) recently announced they plan to negotiate contracts with eight managed care organizations to provide physical health and prescription drug coverage under HealthChoices, Medicaid’s mandatory managed care program that began in 1997 and expanded statewide in 2013.

Most Pennsylvanians on Medicaid receive their physical health care coverage through a HealthChoices managed care plan; the exceptions are people with both Medicare and Medicaid (dual eligibles), people receiving services through the Aging Waiver program, and people enrolled in the Health Insurance Premium Payment (HIPP) program. As a reminder, individuals have a choice of their physical health HealthChoices plan and they can change plans at any time during the year.

A new national managed care organization, Centene, was chosen to operate in three of the five HealthChoices zones. Some current HealthChoices plans are expanding to new zones while others will be offered in fewer zones. DHS officials reported that they intend to have the readiness review of the plans completed by September 2016 with the chosen plans operating in each zone starting January 1, 2017. See the next page for detailed information about the HealthChoices plan changes in each zone for 2017. Click [here](#) to find out which counties are included in the different zones.

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New plans as of 1/1/2017 in bold; strikethrough for plans that will no longer be offered as of 1/1/2017

Stay tuned to future newsletters for more information about other changes to HealthChoices physical health care coverage as the new contracts go into effect.

Community HealthChoices Updates

Advocacy Regarding Enrollment

In past weeks, consumers of long term services and supports and their advocates submitted a joint [letter](#) to the Department of Human Services (DHS) Secretary Dallas outlining concerns related to the Community HealthChoices (CHC) enrollment process - specifically regarding the lack of opportunity to review the details and submit comments on this aspect of the program. Almost 40 individuals and organizations signed on to the letter! In response, the Deputy Secretary for the Office of Long Term Living (OLTL) has agreed to meet with consumer advocates in early May to discuss the concerns raised in the letter.

Readers are likely aware that Community HealthChoices begins in less than eight months in Southwestern Pennsylvania. As discussed in past newsletters, almost 100,000 people in the region with both Medicare and Medicaid (dual eligibles) as well as people who meet a nursing home level of care and are enrolled in the Aging, Attendant Care, COMMCare, Independence, and OBRA Waivers or who are getting Medicaid covered nursing home care will have to enroll into a managed care plan that will provide their Medicaid and long term care coverage. CHC will eventually expand statewide by 2019.

OLTL plans to use an Independent Enrollment Entity to help individuals select a CHC plan and to handle applications from individuals seeking long term care services. The state plans to issue a Request for Proposal (RFP) in May seeking an entity to handle these tasks. However, no draft RFP has been issued for review and comment nor has there been any opportunity for DHS Advisory Committees or the public to hear the details of the Enrollment Entity's role and responsibilities under CHC. This lack of transparency is concerning because CHC makes major changes to how Medicaid and long-term care coverage are delivered in Pennsylvania and because the role of the enrollment entity will be greatly expanded beyond what it is now. Consumers and advocates are urging that a draft RFP be made available for review and comment before it is finalized and released for bidding.

Because the start date for CHC in the Southwest is fast approaching, DHS has entered into an emergency procurement with Maximus (currently the Independent Enrollment Broker for OLTL waivers) to also act temporarily as the Independent Enrollment Entity when CHC starts. Again, this was done with no public notice or opportunity to comment. Consumers and advocates are concerned about Maximus' ability to perform the expanded functions required by CHC that would begin this Fall. As a result, they are pushing for the opportunity to influence the terms of this emergency procurement and also recommending that DHS create a readiness review committee, involving consumers and other stakeholders, to help ensure that Maximus will be ready and able to perform all of their new responsibilities before CHC rolls out.

We will update readers about any developments related to Community HealthChoices Enrollment in future newsletters!

More Opportunities for Public Comment

Despite the lack of opportunity to comment on the enrollment issues noted above, DHS has issued other documents related to Community HealthChoices that are currently available for public comment.

Draft MIPPA Agreement: These are written agreements entered into between Medicare Special Needs Plans for dual eligibles and each state within which they operate. The MIPPA Agreement covers certain aspects of the Medicare Plan's operation including its service area, which dual eligible beneficiaries can be enrolled, the plan's responsibilities for providing or arranging Medicaid benefits, cost-sharing protections that apply to its members, and Medicaid provider information sharing. DHS plans to use the MIPPA agreements to enhance coordination of care for dual eligibles who are enrolled in both a Medicare Special Needs Plan for dual eligibles and a Community HealthChoices plan offered by the same insurance company. The draft agreement is available [here](#). **Comments can be submitted until May 4, 2016.**

Draft Waiver Request: In order to operate the Community HealthChoices program, Pennsylvania needs to obtain federal approval of its planned changes. DHS is seeking this approval through a Waiver amendment that details the proposed changes. This [draft Waiver amendment](#) is now available to review and comment. **The deadline for comments is May 23, 2016.** More information about submitting comments can be found [here](#).

DHS is hosting two webinars in May for public input and discussion about the draft Waiver amendment. These are scheduled for **May 12th from 2-3:30pm** and **May 18th from 10-11:30am**. Registration is required. Click [here](#) for the links to register for either webinar.

Pennsylvania Receives \$91 Million to Serve More People in the Community

The Department of Human Services (DHS) announced this month that Pennsylvania received a \$91 million “Money Follows the Person” Rebalancing Demonstration grant from the Centers for Medicare & Medicaid Services that runs through 2020. This federal funding will be used to transition older adults and individuals with disabilities from an institutional setting (e.g., nursing home) back into the community with home and community based services.

Pennsylvania has received Money Follows the Person funds since 2008 and has transitioned 2,333 people from institutions to community settings. DHS plans to transition another 1,172 individuals through the end of 2018.

The federal Money Follows the Person initiative was created because of the historic institutional bias in Medicaid for persons needing long term care services. In announcing this grant, DHS noted that 51 percent of those needing long term care in the state are being served in the community while the rest are in nursing facilities. This is despite the fact that most people would prefer to receive these services at home.

PA’s goals for their Money Follows the Person program include:

- Increasing the use of home and community based services (HCBS) and reducing the use of institutional settings;
- Eliminating barriers that restrict the use of Medicaid funds so people can receive long-term care in the settings they prefer;
- Strengthening the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions; and
- Putting procedures in place to provide quality assurance and improvement of HCBS.

More information about this recent Money Follows the Person grant can be found [here](#).

Pennsylvania ABLE Act Will Help People with Disabilities Keep Medicaid

Earlier this month, Governor Wolf signed the Pennsylvania Achieving a Better Life Experience (ABLE) Act into law. This [legislation](#) will allow people who have significant disabilities that started before age 26, and their families, to establish tax-free savings accounts to pay for needed supports such as housing and transportation. Funds in these accounts (up to \$100,000) will **not** be counted as a resource for public benefits such as Medicaid which currently has a \$2,000 resource limit for people with disabilities. Disability advocates praised the passage of the law noting that it will help those with disabilities participate more fully in the workforce without fear they will lose critical health benefits should they save more than \$2,000.

Federal ABLE Act legislation was passed in 2014 that allowed states to establish their own ABLE programs and offer ABLE accounts. The recently passed legislation allows Pennsylvania to develop its program. It is expected that Pennsylvanians will be able to start establishing ABLE savings accounts before the end of 2016. Click [here](#) for more information about ABLE Savings Accounts.

Access to Drug and Alcohol Treatment in HealthChoices

In the midst of a national opioid epidemic, it is especially critical that Pennsylvanians dealing with drug or alcohol abuse or addiction have access to treatment. The vast majority of people on Medicaid receive their mental health and drug and alcohol services through a HealthChoices behavioral health managed care plan. This includes dual eligibles who have both Medicare and Medicaid.

The state has set out clear rules behavioral health plans must follow regarding when, where and what services must be available to members. PHLP has created a fact sheet detailing these rules that can be found [here](#). Questions regarding this fact sheet can be directed to Janice Meinert at 412-434-5637 or jmeinert@phlp.org.

Individuals who are having problems accessing drug and alcohol treatment or whose behavioral health plan is denying coverage of drug and/or alcohol treatment are encouraged to call PHLP's Helpline at 1-800-274-3258.

Medicaid Enrollment Changes

To speed up Medicaid enrollment and to ensure Pennsylvania receives enhanced federal match payments, the Department of Human Service recently made changes to how County Assistance Offices (CAOs) will process Medicaid applications for most adults. Under these program changes, many applicants should now have Medicaid authorized much faster than the typical thirty day timeframe.

The changes will impact adults under age 65 who indicate on their Medicaid application that they have a medical condition or ongoing special health care need. If these applicants report income under the Medicaid expansion limit (see box below) **and** the CAO is able to verify their income using electronic data sources, the caseworker can now open Medicaid for that applicant **immediately**. Before these [policy changes](#) were made, CAOs needed to request and review verification of the medical condition (through the Employability Assessment Form, for example) and resources (through documents such as bank statements) **prior** to authorizing in the expansion category. Coverage can now be authorized in the Medicaid expansion category, if applicable, **while** the caseworker requests and reviews proof of disability and resources to determine if the person qualifies under a different Medicaid category.

Applicants who indicate a medical condition but whose income cannot be verified electronically, however, will **not** have Medicaid authorized while the CAO requests verifications. For these applicants, the CAO will request proof of income, disability, and resources. As long as an applicant provides documentation of income, and their income is under the limit to qualify for the expansion category, the CAO can authorize coverage even if the applicant does not ultimately provide proof of disability or resources.

Under Medicaid expansion, low-income Pennsylvanians can qualify for comprehensive and affordable health coverage if they:

- are under 65 years old;
- are not eligible for Medicare; and
- have income under 138% of the Federal Poverty Level (\$1,367 /month or \$16,242 / year for a single adult).

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

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.

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For the Capital Region, go to [uwcr.org](#) and pledge a donation to PHLP.

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