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Medicaid to Remove Treatment Barriers for Opioid Use Disorder

Individuals on Medicaid suffering from heroin or opioid addiction will soon be able to access Medication-Assisted Treatment without having to first seek prior authorization. This change to Pennsylvania’s Medicaid rules was one measure among many recently taken by Governor Wolf to fight the Commonwealth’s heroin and opioid abuse epidemic.

Medicaid officials with the Pennsylvania Department of Human Services (DHS) recently announced that the prior authorization requirements for opioid dependence treatments will be removed for the Fee-for-Service (FFS) delivery system effective April 10, 2018, and for the Medicaid managed care delivery systems effective May 1, 2018. People in the fee-for-service system use the ACCESS card when getting health care, while people in the managed care systems (HealthChoices and Community HealthChoices) use their plan’s identification card when getting health care services.

Considered the “gold standard” of care in addiction treatment, Medication-Assisted Treatment (MAT) combines behavioral therapy with medications that reduce the euphoric effects of opioids and relieve physical symptoms of withdrawal like nausea and body aches. Medications include buprenorphine, also known by the brand name Suboxone, and injectable naltrexone, known as Vivitrol.

Reducing the need for prior authorization assures prompt access to treatment. Sometimes criticized as “replacing one drug with another,” the medications used in MAT for opioid treatment have

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been approved by the U.S. Food and Drug Administration as safe and effective. Clinical [evidence](#) has consistently shown that MAT decreases the risk of relapse, improves patient functioning, and ultimately saves lives.

Governor Wolf's press release on ending policies that delay access to treatment is [here](#). DHS has posted its draft revisions to the Fee-for-Service MA guidelines for Opiate Dependence Treatments for public comment [here](#). The deadline for comments is April 2, 2018.

We encourage Medicaid consumers who have difficulty accessing any substance use disorder treatments, including Medication-Assisted Treatment, to contact PHLP's Helpline at 1-800-274-3258.

New Medicare Cards Coming to PA in April!

Pennsylvanians on Medicare will receive their new Medicare card between April and June. We are in the first wave of mailings for the new cards that are being sent to everyone on Medicare. The cards will contain a new Medicare Beneficiary Identifier which replaces the current Medicare number based on Social Security Numbers.

People should start using the new card once they receive it. Medicare beneficiaries are encouraged to confirm their current mailing address with the Social Security Administration (1-800-772-1213 or ssa.gov/myaccount) to ensure they get their new card.

Readers can find more information about the new Medicare cards and see what the new Medicare cards look like [here](#). Please note that the new cards **do not** change the Medicare coverage someone has or the Medicare benefits they receive.

People with questions or concerns about the new cards should call APPRISE at 1-800-783-7067.

Deadline to Enroll in Medicare Parts A and B is March 31st!

The Medicare General Enrollment Period ends March 31st. People on Medicare wishing to enroll in Medicare Part B must submit an [application](#) for enrollment to the Social Security Administration by this date for coverage to start in July 2018. If someone misses this opportunity, they have to wait until next year (January-March 2019) and their coverage will not start until July 2019. Individuals who qualify for Medicare but are required to pay for Part A must also enroll by March 31st for coverage to start later this year. As a reminder, most people on Medicare get Part A for free.

Note: People who delay enrollment into Medicare because they are working or their spouse is working **and** they have coverage through the **current** employer can get a Special Enrollment Period to sign up for Medicare outside of the General Enrollment Period. More information about Medicare Enrollment Periods can be found [here](#).

Update on Community HealthChoices

Community HealthChoices (CHC) has been up and running in the Southwest Zone for three months. In addition to the more than 85,000 individuals who transitioned to CHC on January 1st, hundreds of older adults and those with disabilities have been enrolled into CHC since January. People with questions about CHC or who are having problems getting medical or supportive services under CHC are encouraged to call PHLP's Helpline at 1-800-274-3258.

Participant and Provider Listening Sessions

To solicit feedback on the launch of CHC and to hear about consumer and provider experiences, the Jewish Healthcare Foundation, at the request of the Pennsylvania Department of Human Services and with the support of the University of Pittsburgh's Medicaid Research Center, is holding CHC Listening Sessions in Southwest PA. There are sessions being held for consumers and family caregivers and separate sessions for providers involved with CHC. Registration is not required.

A number of sessions have already taken place, but more are scheduled over the next two months. Here is a list of upcoming sessions.

Consumer and Family Caregiver Sessions

- ◇ **Wednesday April 11th** from 9:30-11:00 am at the Sisters of St. Joseph, 1020 State Street, Baden, PA 15005
- ◇ **Tuesday, April 17th** from 10-11:30 am at QIT Center, Centre City Tower-26th Floor, 650 Smithfield St., Pittsburgh 15222
NOTE: This session will focus on Transportation, but other issues can be discussed.
- ◇ **Tuesday, May 15th** from 9:30-11:00 am at the Hill House Association, 1835 Centre Ave, Pittsburgh, PA 15219
- ◇ **Monday, May 21st** from 2:00-3:30 pm at Westmoreland Manor, 2480 Grande Blvd., Greensburg, PA 15601

Provider Sessions

- ◇ **Monday, April 16th** from 2-3:30 pm at the Jewish Healthcare Foundation, Centre City Tower, 22nd Floor, 650 Smithfield Street, Pittsburgh 15222

Participant Advisory Committees

Each CHC plan is now developing its Participant Advisory Committee for the Southwest Zone. The state requires the plans to have a Participant Advisory Committee in each of the CHC zones. The

Committee must be made up of CHC plan participants or their family caregivers, network providers, and direct care worker representatives. The Committee is to meet at least quarterly and advise the CHC plan on the experiences and needs of its participants.

Individuals or providers interested in participating in the Participant Advisory Committee should contact their CHC plan. Their CHC plan should also be able to provide details about meeting dates, times, and locations.

Getting Ready for CHC in the Southeast Zone

CHC will start in the five county Southeast Zone consisting of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties on January 1, 2019. Over 127,000 dual eligibles, people in OLTL Waiver programs, and nursing home residents on Medicaid will move to CHC during this phase. To prepare for this, OLTL will soon start communicating with providers and drafting communications to consumers who will be impacted. Below is OLTL's tentative timeline for activities related to the launch of CHC in Southeastern PA:

- ◇ **April:** Kick off email to providers with dates of upcoming events. Notices sent to OBRA participants age 21 and older regarding assessments to determine if they will move to CHC (those who are assessed to meet the nursing facility clinically eligible criteria will move; those who meet another level of care will not);
- ◇ **June:** Start in-person provider events. These events will likely begin in Philadelphia the week of June 4-8; the timeframe for other counties has not been finalized;
- ◇ **July:** Initial flyer mailed to people who will move to CHC letting them know about the new program;
- ◇ **End of July/early August:** People in the CHC target populations will be sent invitations to community events to learn more about CHC. These events will be held in the fall (see below);
- ◇ **Mid-August:** Pre-transition letters sent to individuals who will move to CHC on January 1, 2019. This information will include a fact sheet about how CHC works with Medicare;
- ◇ **Early Fall:** Enrollment packets sent to participants providing information about the three plan choices available, deadlines for enrolling, and instructions about how to enroll;
- ◇ **September & October:** 50 in-person participant presentations throughout the 5-county region.

Most of those moving, almost 90 percent, are dual eligibles who have both Medicare and Medicaid coverage. OLTL realizes they need to do a better job of explaining how people on Medicare are impacted by CHC. As a result, they plan to include information about this in the materials that participants receive about CHC. They also plan to hold 50 community education events where dual eligibles and their family members can learn more about what CHC means for them, as well as learn about the

LIFE Program as an alternative option to CHC for people age 55 and older needing long term services and supports.

In addition to educating consumers, OLTL recognizes the need to better educate providers as well. To that end, they plan to: put more provider information on the state's CHC website, hold more provider events, and begin provider education earlier to make sure providers have the information they need to understand and prepare for CHC.

Individuals in Southeastern PA who want to receive emails about CHC and its implementation are encouraged to sign up for the OLTL Community HealthChoices list-serve. This can be done by visiting the Community HealthChoices website at www.healthchoices.pa.gov. This website also includes other information about CHC for both participants and providers.

We'll continue to keep readers updated about CHC developments!

Spotlight on Special Needs Units

Each Medicaid physical managed care plan in Pennsylvania's HealthChoices program has a designated Special Needs Unit (SNU) which is tasked with helping plan members access care and services, coordinate their care, and connect members with community resources. The SNU is staffed by qualified case managers, many of whom are nurses or other individuals with clinical background and training.

What kind of help can the SNU provide to plan members?

The SNU staff are responsible for a wide range of care coordination and case management tasks, including but not limited to helping plan members:

- ◇ Select a Primary Care Physician (PCP);
- ◇ Locate health care providers both inside and outside of the plan network;
- ◇ Coordinate among multiple providers like PCPs, durable medical equipment suppliers, and home health agencies;
- ◇ Access the Medical Assistance Transportation Program (MATP);
- ◇ Get referrals (medical, legal, other);
- ◇ With IEP development and participation at IEP meetings upon request;
- ◇ Coordinate with their Behavioral Health managed care plan; and
- ◇ Assist with the transition to adult health care systems and/or Home and Community Based Waiver services for members turning 21.

What is considered a “Special Need”?

There is no set definition of “special need” for purposes of seeking or obtaining help from the SNU. A person’s special need does not even need to be directly related to physical or mental health needs. Any plan member can self-identify as having a special need and should not be turned away by the SNU.

How do I reach the SNU if I need help?

Members can call their plan’s member services number (located on the back of their insurance card) and ask to be connected to the SNU, or they can call the SNU Hotline directly. There is no set definition of “special need” for purposes of seeking or obtaining help from the SNU. A person’s special need does not even need to be directly related to physical or mental health needs. Any plan member can self-identify as having a special need and should not be turned away by the SNU.

How do I reach the SNU if I need help?

Members can call their plan’s member services number (located on the back of their insurance card) and ask to be connected to the SNU. This year, the Department of Human Services began requiring plans to forward all callers to the SNU upon request.

They can also call the SNU Hotline directly. The telephone numbers for the plans’ SNUs are:

<i>Aetna Better Health:</i>	<i>855-346-9828</i>
<i>AmeriHealth Caritas:</i>	<i>800-684-5503</i>
<i>AmeriHealth Caritas NE:</i>	<i>888-498-0766</i>
<i>Geisinger Health Plan:</i>	<i>855-214-8100</i>
<i>Gateway Health Plan:</i>	<i>800-392-1147</i>
<i>Health Partners:</i>	<i>866-500-4571</i>
<i>Keystone First:</i>	<i>800-573-4100</i>
<i>United Health Care:</i>	<i>877-844-8844</i>
<i>UPMC for You:</i>	<i>866-463-1462</i>

Individuals who call the SNU outside of normal business hours must be given the chance to leave a message. From there, the SNU is required to return the call within 2 business days.

Individuals can contact PHLP’s Helpline at 1-800-274-3258 if they are not getting their issues addressed by the SNU, if they need additional help accessing health care services, or if their managed care plan is denying coverage for a medical service or item prescribed by their doctor.

Teresa Miller Confirmed as DHS Secretary

Earlier this month, the Pennsylvania Senate unanimously confirmed Teresa Miller as Secretary of the Department of Human Services. She has been serving as Acting Secretary since August 2017. Prior to leading DHS, she served as Pennsylvania's Insurance Commissioner.

Three other women were also confirmed as Secretaries of other State Departments including: Dr. Rachel Levine, Department of Health; Jennifer Smith, Department of Drug and Alcohol Programs; and Jessica Altman, Insurance Commissioner.

PHLP congratulates these four Secretaries and looks forward to working with each of them as we continue to help people on Medicaid access coverage and services.

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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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.