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In This Issue

Update on Community HealthChoices

Community HealthChoices (CHC) has been operating in Southwestern Pennsylvania for four months. Participants receiving in-home services and supports (In-Home LTSS) who transitioned from a Waiver program to CHC on January 1st are currently in a continuity of care period for these services, which means there can be no change or disruption to the current level of care and no change of provider. That protection ends June 30th.

This article contains updates about CHC in the Southwest and about the roll out of the CHC program in Southeast.

Southwest Update: Preparing for the End of the In-Home LTSS Continuity of Care Period

Approximately 12,000 people in the Southwest region were moved from an Office of Long Term Living Waiver program to CHC on January 1, 2018. For the first six months of the new program, the CHC plans these individuals are enrolled in are responsible for paying for their In-Home LTSS from the same provider and at the same level as they were getting under their previous Waiver program. This continuity of care period ends in June.

Changes to Service Coordination

Service Coordination includes activities to identify, coordinate, and assist participants in getting needed health services and in-home supports as well as services outside of the CHC system such as social and housing services to help participants live in their communities. One major change between CHC and the previous Waiver programs

is how Service Coordination is provided. Under the Waiver system, participants could choose among various Service Coordination agencies.

Under CHC, Service Coordination is an administrative function of the CHC plan. Managed care plans are now responsible and accountable for the quality of service coordination and how it is delivered. All CHC participants receiving In-Home LTSS have a Service Coordinator, but after July 1st, when the six-month continuity of care period ends, the CHC plan can terminate contracts with outside agencies for Service Coordination and instead use CHC plan staff to provide the service. ***Note: If a CHC plan wants to make these changes to be effective July 1st, it must notify outside Service Coordination agencies by May 1st (60 days prior to July 1st) of its intent to terminate. In addition, participants using an outside Service Coordinator agency must receive written notice of the change by May 15th (45 days prior to July 1st).***

At a late April meeting, DHS leadership stated AmeriHealth Caritas is the only CHC plan that has decided to terminate contracts with some (but not all) outside Service Coordination agencies effective July 1, 2018. This decision will affect 174 participants who are getting service coordination from those agencies. The other two CHC plans, PA Health & Wellness and UPMC, are reviewing all their current service coordination contracts but have not yet decided to terminate contracts. If they decide to terminate a service coordination contract, the affected providers will receive 60 days notice and the participants will receive 45 days notice before the contract ends.

Changes to Service Plans

CHC participants currently receiving In-Home LTSS are to be reassessed by their Service Coordinator within the first six months or prior to June 30, 2018. If, as a result of these reassessments, the CHC plan decides to change, reduce, or terminate any In-Home LTSS a participant receives, the CHC plan must provide participants advance written notice about these changes. Prior to receiving the written notice, participants should have already been made aware of any service plan changes by their Service Coordinator.

If a CHC plan decides to change, reduce or terminate a service, the participant can appeal the decision. The written notice should include instructions for how to appeal. PHLP has created a fact sheet about filing appeals in CHC. Consumers who appeal quickly, within 10 days of the written notice date, have a right to have services continue at the previously approved level during the appeal process. Consumers, family members and advocates can call PHLP's Helpline for advice or to seek representation in an appeal at 1-800-274-3258.

Participant Listening Sessions in SW PA

The May meeting of the Consumer Subcommittee of the Medical Assistance Advisory Committee will be held in Pittsburgh (rather than the usual Harrisburg meeting location). This meeting will take place on May 23rd, from 10 am to 3 pm, and Community HealthChoices will be the focus of the entire meeting.

In the morning, there will be a listening session for CHC participants , family members, caregivers and others who want to provide feedback about their experience with CHC. Leadership from the Office of Long Term Living will attend this session.

In addition to this Consumer Subcommittee CHC Listening Session, the Jewish Healthcare Foundation continues to host listening sessions at various SW locations. Feedback provided during these sessions is being shared with officials from the Office of Long Term Living.

Consumer Sessions:

- May 9th at 9:00 am: Center City Tower, 26th Floor, 650 Smithfield Street, Pittsburgh PA 15222
- May 15th at 9:30 am: Hill House Association, 1835 Centre Avenue, Pittsburgh, PA 15219
- May 21st at 2:00 pm: Westmoreland Manor, 2480 S. Grande Blvd. Greensburg, PA 15601

Provider Session: May 10th at 2pm: Center City Tower, 26th Floor, 650 Smithfield Street, Pittsburgh PA 15222.

Southeast PA Implementation Updates

On April 3rd, the Office of Long Term Living sent information to their email list-serve about CHC Kickoff events in the Southeast region. Readers should note that in the five counties of Southeastern PA, the CHC plan called AmeriHealth Caritas in the SW region will instead be called Keystone First.

Provider summits will be held in each of the five counties in June. The state also shared a copy of the initial flyer that will be mailed in July to consumers in Southeast who will be moving to CHC.

We encourage anyone interested in receiving emails about CHC Southeast updates from the Office of Long Term Living to sign up for the email list serve by visiting www.healthchoicespa.com. As a reminder, PHLP provided additional information about CHC in Southeastern PA in our previous newsletter.

Commonwealth Court Ruling Upends Medicaid Managed Care Procurement

In an opinion released in early April, an *en banc* panel of the Commonwealth Court of Pennsylvania decided a challenge to the Department of Human Services (DHS) procurement for the HealthChoices program in favor of a disappointed bidder, United Healthcare of PA. United stood to lose all of its 230,000 members after it was not selected to remain in DHS' HealthChoices physical health Medicaid managed care program. This decision does not impact Pennsylvania's Community HealthChoices program

The Court ruled that a meeting between DHS leadership and Centene in December 2016 violated the state's procurement code and that the Department thus erred in denying United's administrative bid protest. Centene is one of the insurance companies that submitted a bid to participate in Pennsylvania's HealthChoices program. Given this decision, DHS will likely have to start the contracting process for the physical health Medicaid managed care plans yet again. A re-issued Request for Proposals would be DHS' third procurement attempt since September 2015. It restarted the process in July 2016 following a successful court challenge by another disappointed bidder, Aetna Better Health.

At a late April meeting, DHS leadership stated they are still evaluating the Court's decision. The HealthChoices physical health managed care plans currently operating will remain in place until any new procurement is completed.

Under contracts worth more than $12 billion annually, over 2.3 million individuals are enrolled in Pennsylvania's HealthChoices program. Enrollment by county and managed care plan can be found here. Rather than issuing separate procurements for each region, as it had done in the past, DHS combined the contracting process for all of its regional zones for the first time with the 2015 RFP. This change, combined with the program's enrollment growth following Medicaid expansion, has attracted unprecedented interest and bids from both regional and national insurance companies.

We'll continue to update readers about HealthChoices developments as they become available.

Medicaid Work Requirements Bill Passes the PA House

On April 17th, the Pennsylvania House of Representatives passed HB 2138 by a vote of 115-80 and forwarded the bill to the Senate. This bill requires the Secretary of the Department of Human Services (DHS) to seek federal approval for Pennsylvania to require certain Medicaid beneficiaries to work, search for work, or participate in job training in order to maintain their Medicaid benefits. The bill targets "able-bodied" adults on Medicaid, age 19 through 64 and does not affect older adults or people with verified disabilities.

Under this proposed legislation, "able-bodied" adults must work 20 hours a week or complete 12 job training program-related activities per month to keep their Medicaid coverage. Any person who failed to meet these requirements would lose their Medicaid for three months in the second year of their enrollment in Medicaid. Any failure to meet the work requirements in subsequent periods would result in the loss of Medicaid for six months and then nine months. The bill also requires the target population to report their income every six months and to demonstrate their compliance with work or job training.

Last fall, the Pennsylvania legislature passed a similar bill which Governor Wolf vetoed. The Governor and DHS Secretary Teresa Miller remain opposed to tying Medicaid eligibility to work requirements.

Consumer advocates who are opposed to Medicaid work requirements have expressed many concerns about the proposed legislation:

- Many individuals will struggle to complete necessary paperwork and produce the extra documentation needed simply to retain their Medicaid benefits. Those who are working must document their compliance regularly or risk losing their health benefits. Even those who are exempt from the work requirements, such as those with disabilities, will need to verify their exempt status.
- Individuals already working part time often have no control over their hours or work schedule to ensure they meet the 20 hour per week minimum ongoing.
- Implementing work requirements will involve accessing medical records and consumers needing to have forms completed by already-busy physicians.
- Language in the bill that excludes an enrollee "with a crisis, serious medical condition, or temporary condition that prevents the Medicaid enrollee from actively seeking employment, including but not limited to domestic violence or a substance use disorder" from work requirements is weak and vague. This would also require more documentation by consumers and their physicians.
- Collecting and reviewing the documentation to comply with work requirements would burden County Assistance Offices that are already understaffed and overworked.

- The additional documentation and verification involved in implementing work requirements would add administrative costs to the Medicaid program.

Work requirements for programs that serve low-income individuals, including Medicaid, are getting increased attention at the federal level. Earlier in April, President Trump signed an Executive Order directing federal agencies to review current work requirement policies and submit recommendations for strengthening existing requirements or opportunities for imposing new requirements.

The focus of the Medicaid program has always been to provide health insurance to people with limited incomes so they can get the care they need. A state Medicaid program can choose to promote and support employment and job training programs without making it a condition of eligibility. For many adults on Medicaid, continued access to health care is key to their getting and maintaining employment. We'll keep readers updated about any developments related to work requirements in Pennsylvania's Medicaid program.

Changes to Public Charge Immigration Policy Expected Soon

The U.S. Department of Homeland Security is planning to propose regulations that would change long-standing policies regarding the "Public Charge" provisions of immigration law according to recently leaked information published by national news media. If passed in current form, the regulations would dramatically broaden the scope of public benefits that immigration officials will consider in determining whether a person is likely to become a Public Charge.

Public Charge and connection to Public Benefits

"Public Charge" refers to a person who is likely to become dependent on the government for support. Under current law, an immigrant who is deemed a Public Charge can be denied entry into the U.S., denied a green card ("Lawful Permanent Resident" or LPR status), or in very rare cases, face deportation if they are already here in the U.S. in a temporary status.

In assessing Public Charge, immigration officials must consider the immigrant's entire situation, including their age, health, financial circumstances, education and skills, and affidavits of support. Currently, only receipt of cash welfare benefits (TANF, SSI) and/or use of **long-term care Medicaid benefits** (i.e. nursing home care or home and community-based services paid for by MA) is relevant to the Public Charge determination. Other public benefits are not considered such as Medicaid coverage that does not include long term care benefits.

Changes under the proposed regulations

Under the leaked version of the proposed changes, immigration officials would be considering receipt of many additional forms of public benefits by the applicant or by their other family members, including U.S. citizen children, when determining Public Charge. These benefits include :

- Medicaid;
- Children's Health Insurance Program (CHIP);
- Marketplace (Healthcare.gov) subsidies;
- Supplemental Nutrition Assistance Program (SNAP);
- Special Supplemental Nutrition Program for *Women, Infants, and Children* (*WIC*);
- LIHEAP (heating & energy assistance) and;
- Earned Income Tax Credit

Some public benefits would continue to be excluded from Public Charge review including Medicare, Social Security benefits, Unemployment Compensation, and Workers Compensation.

Not all Immigrants are impacted by the Public Charge rules

Public Charge does not apply to U.S. citizens, nor is it considered when an immigrant applies to become a U.S. citizen. Further, Public Charge does **NOT** apply to those who are in the U.S. as refugees, asylees, Special Immigrant Juveniles, VAWA petitioners, or U- and T-Visa holders.

Even though many immigrant families would not be affected by changes to the Public Charge rules, advocates believe that changing the rules will have a broader impact and will affect the ability and willingness of these families to access public benefits ***if*** the leaked version of this rule is passed.

Next Advocacy Steps

Advocates expect the proposed rules to be published any day now followed by a short public comment period. Those who wish to stay up to date on the proposed rules and engage in further advocacy can join the "Protecting Immigrant Families" (PIF) campaign run by the Center for Law and Social Policy and the National Immigration Law Center. PHLP will provide updates as we know more about this important issue.

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.

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