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Managed Long Term Services and Supports Public Hearings Start on June 10th!

On June 1st, the Pennsylvania Department of Human Services (DHS) released information about a new initiative to pursue [Managed Long-Term Services and Supports \(MLTSS\) in Pennsylvania](#). Under this initiative, Governor Wolf aims to improve the current long-term care system and increase access to services and supports so that people with physical disabilities and older adults can remain as independent as possible in their homes and communities for as long as possible. In recent years, a number of states across the country have begun MLTSS programs in an effort to improve care coordination and service delivery and save their Medicaid programs money.

DHS issued a [discussion document](#) which sets out the framework for pursuing MLTSS in Pennsylvania. The document describes the target populations, goals and objectives, various program components, a timeframe for implementation, and opportunities for public input and comment. Supporting documents available include a [summary fact sheet](#) and a [guide for submitting comments](#).

With the release of these materials, the state is officially beginning the stakeholder input process to inform its development of a detailed proposal for how MLTSS will work in Pennsylvania. DHS officials are especially interested in feedback about participant enrollment and education supports as well as necessary participant protections. Statewide public hearings and input sessions will be held **starting June 10th in Erie and ending June 26th in Philadelphia**. The entire schedule can be viewed [here](#).

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Advocates expressed concern to the Department about how quickly the public hearings were scheduled, especially given the significance of the changes that MLTSS entails, and encouraged officials to make the public hearing sessions an opportunity to educate the public about MLTSS and answer questions in order for the public to then provide informed, useful input. The Department did clarify that the upcoming hearing sessions will include educational information as well as an opportunity for questions. Individuals are encouraged to attend and provide input during these sessions.

Outside of the public hearings, individuals can submit comments the following ways until **July 15th**:

- By phone at 717-783-8412--Persons with a disability who require an auxiliary aid or service may submit comments using the Pennsylvania AT&T Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users);
- By e-mail to RA-MLTSS@pa.gov; or
- By mail to: April Leonhard, Department of Human Services, Office of Long-Term Living, Bureau of Policy and Regulatory Management P.O. Box 8025 Harrisburg, PA 17105-8025.

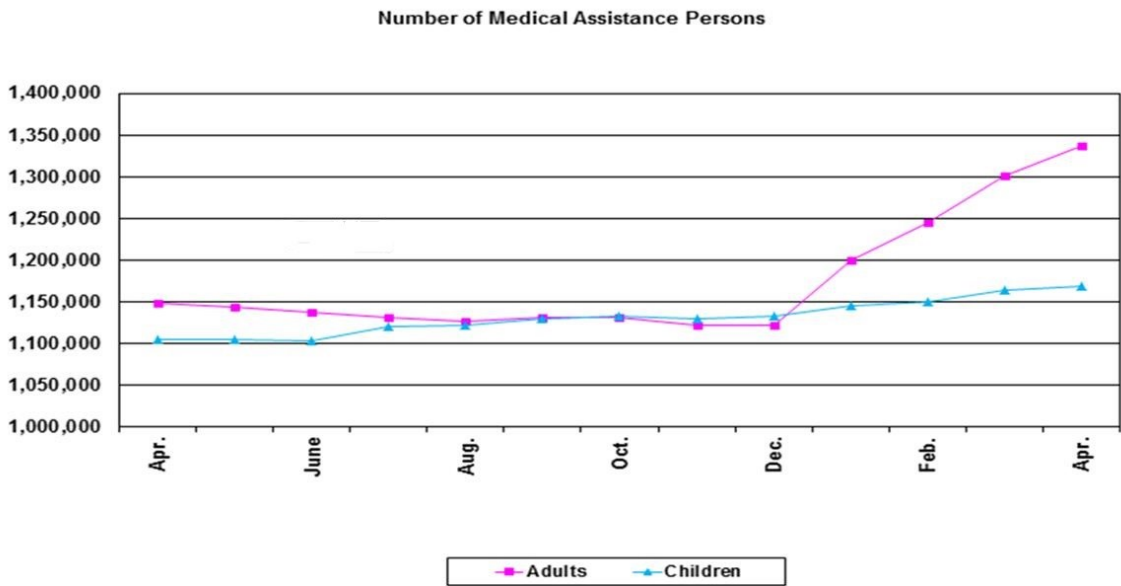
Stay tuned to future newsletters for updates and information about MLT SS and to learn about additional opportunities to provide input as Pennsylvania develops its MLTSS program.

PHLP Training About MLTSS Scheduled for June 9th

PHLP will conduct a training session, sponsored by the Person Driven Services Coalition, on June 9, 2015 from 1pm to 3 pm about the [ABC's of Managed Care](#). The session will focus on what managed care for long term services and supports could mean for individuals who currently receive home and community based services. Registration information can be found [here](#). Individuals wishing to learn more about managed long-term services and supports are encouraged to participate, especially those who wish to learn more in order to offer meaningful comments during the upcoming comment period.

Medicaid Enrollment After Expansion

Medicaid enrollment in Pennsylvania surpassed 2.5 million individuals in April 2015. As illustrated in the Department of Human Services (DHS) chart below, enrollment in the Medicaid program among adults has increased steadily since Pennsylvania implemented Medicaid expansion in January of this year. According to DHS data, enrollment had been 2.25 million in December 2014



*MA enrollment numbers include those served in HealthChoices, Fee for Service, and the Private Coverage Option.

DHS officials reported in a recent public meeting that as of May 15th there were 366,256 individuals in Medicaid expansion-related categories (some of whom used to receive state-funded General Assistance Medical Assistance). This includes 121,318 adults in the Private Coverage Option (PCO), the alternative delivery system that is being phased out by Governor Wolf. All PCO enrollees will be transitioned to the HealthChoices managed care system by September.

Medicaid enrollment is increasing at a rate of approximately 14,000 per week. According to DHS, 78.2 percent of applications received in April were processed within thirty days and 86.1 percent within forty-five days. The forty-five day timeframe applies when the County Assistance Office requests additional information from an applicant. For Medicaid applicants who have a medical emergency, County Assistance Offices are supposed to process the application within five days.

With Medicaid expansion, an estimated 600,000 low-income adults in Pennsylvania now qualify for Medicaid. See the [January 2015 Health Law News](#) for details regarding who qualifies under Medicaid expansion. DHS enrollment data shows that approximately half of the target population has enrolled in the program in the last four and a half months. Many states that expanded in 2014 saw their Medicaid enrollment far exceed expectations. Michigan, for example, enrolled 605,000 people after anticipating a year one enrollment of 323,000.

DHS officials stated they will soon begin an outreach and public messaging campaign to spread the news regarding expanded Medicaid coverage. Coverage for the expansion population is fully funded by the federal government through 2016, and then tapers down to a 90 percent federal match for 2020 and beyond.

MATP - An Important Medicaid Benefit

As consumers are phased into Medicaid HealthChoices from their Private Coverage Option plan, one of the new services they can access is Medical Assistance Transportation (otherwise known as “MATP”). Even though MATP is not a new service for people who have been on Medicaid, we remind our readers about this important program, especially now that additional people can use it.

MATP is available to **any** consumer who needs help with non-emergency transportation to and from their Medicaid covered treatment and services. MATP is funded by the state Department of Human Services, which gives money to each county* to provide medical transportation to its residents on Medicaid. To receive medical transportation services, consumers must first register with their county’s MATP office. A list of phone numbers for each county can be found on the [state’s MATP website](#).

* The exceptions are Northumberland and Philadelphia. Those two counties have opted out of MATP. Instead the state contracts directly with a local transportation provider to run the MATP program in the county.

Once a consumer registers with MATP, she can request help anytime she has transportation needs. MATP should respond by providing the least costly and most appropriate form of transportation to meet those needs including:

- If the consumer owns or has access to a motor vehicle, MATP will usually provide mileage reimbursement (12 cents per mile plus parking and tolls) for the costs of getting to and from an appointment.
- If the consumer can use available public transportation, MATP will provide him with tokens or passes to get to and from appointments.
- If the consumer does not have a car and cannot use public transportation, MATP will provide rides using shared-ride vans or other accessible vehicles for those with disabilities.

What if a consumer has special needs?

If the person who is getting transportation help from MATP is under 18 or an adult who cannot travel independently to medical appointments due to age or disability, MATP will cover the transportation costs of an escort to accompany the person on the trip (note: it is the consumer’s responsibility to find their own escort).

If MATP is giving someone a ride, the service is typically “curb to curb.” However, if the consumer cannot safely navigate to and from the curb, MATP must provide appropriate “door to door” service based on that person’s physical and mental abilities. Significantly, MATP does not provide “door through door” service so drivers cannot enter a consumer’s home or the building she lives in to assist her.

For more information on MATP, see PHLP’s publication [Understanding The Medical Assistance Transportation Program](#).

State Solicits Input on Medicaid Managed Care

In advance of issuing a Request for Proposal from managed care plans seeking to take part in Pennsylvania Medicaid's HealthChoices program, the Department of Human Services (DHS) recently released a request to the general public seeking ideas and strategies for improving the state's Medicaid managed care program. Among other topics, DHS seeks ideas regarding how to improve coordination of care, value-based purchasing, consumer access to services, and Medical Assistance Transportation.

Pennsylvania's Medicaid mandatory managed care delivery system is called HealthChoices. Most people who qualify for Medicaid receive their ongoing health care coverage through a HealthChoices managed care plan. For physical health services, the state is divided into five geographic "zones." See the HealthChoices map [here](#). DHS officials recently announced their intent to rebid the contracts for all five HealthChoices zones at once and to issue a combined Physical Health-Request for Proposal this fall.

Consumers, advocates, and other interested stakeholders have until **June 26th** to submit suggestions and comments regarding the HealthChoices program. Further details regarding the Request for Information can be found at the Commonwealth's e-Marketplace [here](#). Responses should be submitted electronically to RA-PWHCRFIResponses@pa.gov.

Governor Wolf Acts to Protect Those Receiving Help Paying for Marketplace Coverage

At the beginning of May, Governor Wolf submitted a letter to the federal government explaining his plan to run a State-based Marketplace for Pennsylvanians to buy health care coverage, if necessary, should the U.S. Supreme Court decide that people who buy health insurance through the federal Marketplace are not eligible for subsidies to help them pay for that coverage. Earlier this year, the U.S. Supreme Court heard arguments in [King v. Burwell](#). The lawsuit claims that financial assistance, as authorized by the Affordable Care Act, is only legal in the 14 states that chose to run their own Health Insurance Marketplace (i.e., exchanges). A decision in this case is expected in late June.

Currently, over 380,000 Pennsylvanians receive premium tax credits and/or subsidies to help them pay for their health insurance through the Federal Marketplace. Governor Wolf's letter does not mean that Pennsylvania has to set up a State-based Marketplace, but rather it allows the state to pursue this option should the outcome of [King v. Burwell](#) cause those receiving financial help through the federal Marketplace to lose that assistance.

PHLP will update readers about the U.S. Supreme Court ruling and its impact on Pennsylvanians in upcoming newsletters.

Pennsylvania Invites Public Comment On Essential Health Benefit Benchmark Plan for 2017

Pennsylvania is deciding the scope and duration of benefits health plans should offer consumers starting January 1, 2017. The Affordable Care Act's "essential health benefits" (EHB) rule requires insurers in the individual and small group markets to cover 10 general categories of medical services, but the law did not specify how these services must be covered. For example, states have been allowed to limit the number of home health services, mental/behavioral health visits, days of skilled nursing care and number of physical therapy sessions. Pennsylvania is determining a new "benchmark" plan, which will set the standard for what must be covered by plans subject to the EHB rule, and inviting public comment by **June 12th**.

Because Pennsylvania did not choose a package of specific services for consumers back in 2012, the federal government selected Pennsylvania's current benchmark plan which can be viewed [here](#). However, looking forward to 2017, Pennsylvania now has the chance to choose a package that best fits families and consumers throughout the state. If Pennsylvania does not make a recommendation, the federal government will once again select our benchmark plan.

The Pennsylvania Insurance Department has invited [public comment on the various options for Pennsylvania's benchmark plan](#) through on-line submissions to ra-in-press@pa.gov. These comments may consider, for each possible benchmark plan's benefit package, things like: the impact on particular populations, including vulnerable citizens; the flexibility and innovation in plan design by different insurance companies that may be lost or gained, and the potential cost of going with a specific option. Because the federal government requires Pennsylvania's recommended selection by July 1, 2015, the comment period will only remain open until June 12th.

PHLP is paying particular attention to the "rehabilitative and habilitative services and devices" category because insurance plans rarely, if ever, cover habilitation services and devices and provide limited rehabilitation services and devices. Moreover, Pennsylvania is one of only 11 states that permit insurers to define habilitative services. PHLP is preparing comments to submit to the Pennsylvania Insurance Department urging the Commonwealth to, among other things, adopt a more comprehensive definition of rehabilitative services. Individuals and organizations interested in joining our comments should contact PHLP's [Janice Meinert](#).

State Bill Regulating Marketplace Navigators Gains Momentum

Earlier this month, a proposed state law ([Senate Bill 293](#)) aimed at regulating Federal Affordable Care Act Marketplace navigators and other assisters, such as certified application counselors, passed out of the House Insurance Committee. Senate Bill 293, sponsored by Sen. John Eichelberger (R-Blair), would require that navigators and assisters undergo criminal background checks and be registered with the Pennsylvania Insurance Department. The Pennsylvania Senate has already approved it.

A House Insurance Committee amendment removed the bill's limitations on navigators and assisters asking the individual seeking help about her existing insurance coverage and responding to a policyholders' request for advice or counsel regarding insurance policy provisions.

The Affordable Care Act (ACA) navigator program was modeled after Medicare's State Health Insurance Assistance Program, called APPRISE in Pennsylvania, which helps Medicare beneficiaries with Medicare health and drug plan selection and enrollment. The ACA navigator program, whose goal is to facilitate enrollment into health insurance, awards federal funding to organizations to provide unbiased information to individuals and small employers about qualified health plans offered through the Health Insurance Marketplace, and about the availability of financial help through premium tax credits and cost-sharing subsidies.

Some advocates, including PHLP, have questioned the need for Pennsylvania's law since federal regulations and guidance impose training and testing requirements on navigators; in addition, they are expected to comply with a range of federal requirements including health information privacy and security. Entities that receive federal funding to provide this assistance also cannot work for insurers or insurance producers.

Since August 2013, the federal government has provided approximately \$4 million in grants to eight different navigator groups in Pennsylvania, including the Pennsylvania Association of Community Health Centers, the Pennsylvania Health Access Network, and the Pennsylvania Mental Health Consumers Association.

Individuals who wish to express an opinion about this proposed legislation are encouraged to contact their state legislators.

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 Pittsburgh Region, go to [unitedwaypittsburgh.org](#) and select agency code number 11089521.

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