

Health Law PA News

Newsletter of the Pennsylvania Health Law Project

Harrisburg Philadelphia Pittsburgh
Statewide Help Line: 1-800-274-3258 On the Internet: www.phlp.org TTY: 1-866-236-6310

Volume 8, Number 1

January 2005

Medical Assistance to Change in Rural PA on March 1 Access Plus to Feature Disease Management, Require Referrals in 42 Counties

Last year DPW decided for the foreseeable future not to expand HealthChoices (mandatory managed care for MA recipients) beyond the counties where it currently operates. Instead, the Department will implement a "managed Fee For Service" system in the remaining 42 counties that it is calling ACCESS Plus. DPW announced in December that it had awarded the ACCESS Plus contract to manage the program in all 42 counties to McKesson Health Solutions.

How Is ACCESS Plus Different from FFS?

Under ACCESS Plus, consumers (adults and children) must choose a Primary Care Practitioner (PCP) from whom they will get most of their physical health care. Those who do not make a choice

(Continued on page 3)

INSIDE THIS EDITION

Prior Authorization Now Required for Cox2 Inhibitors, Proton Pump Inhibitors and Erectile Dysfunction Drugs	2
DPW Invites Bidders to Run Medical Transportation in Philadelphia	2
Changes to Distribution of SSI and State Supplement Checks	4
Good News! Child's/Survivor's Benefits Not Counted As Income for MA Disabled Child Category	4
Help with Prescription Medications!	5, 6
Revised Requirements for Consumer/Family Satisfaction Teams Hold Promise for More Meaningful Consumer Input	7
Expedited Enrollment in Behavioral Health MCOs Effective Jan. 1, 2005	8
DPW Plans to Close Harrisburg State Hospital	8
DPW Announces Plan to Pay Less for Drugs	10

CHIP Eligible Children Paying For Health Care

There are currently 8,500 children enrolled in a low cost, limited benefit health insurance plan offered by Blue Cross plans across the state called Special Care. Most, if not all, of these children are eligible for free, more comprehensive health insurance coverage from CHIP.

The Blue Cross plans are contracted, by the Insurance Department, to administer CHIP, a program which provides comprehensive health coverage for free to children in families with income under 200% of the federal poverty level and at a low cost to families with income under 235% of the federal poverty level.

The Blue Cross plans also offer Special Care, a limited benefit policy, to families with income under 185% of federal poverty level. Families

(Continued on page 3)

Prior Authorization Now Required for Cox2 Inhibitors, Proton Pump Inhibitors and Erectile Dysfunction Drugs

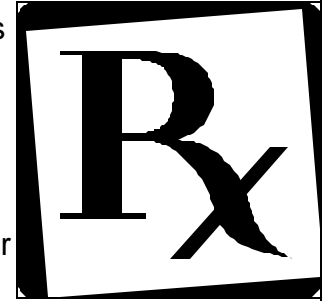
The Office of Medical Assistance Programs (OMAP) will prior authorize access for certain drugs in its Fee-for-Service program starting on February 7, 2005. The drugs affected are COX-2s, proton pump inhibitors, and erectile dysfunction drugs.

OMAP began requiring prior authorization for COX-2 inhibitors last year. The new proposed changes will decrease the age threshold to 65 years old for prior authorization. The change would also allow a pharmacist to override a rejection due to the prescription being refilled too soon if the consumer's therapy is being changed.

The proposed changes regarding proton pump inhibitors will make Prilosec Over-the-Counter the preferred drug. The Department will require a prior authorization when a prescription is for a drug other than Prilosec Over-The-Counter, including regular Prilosec, or when the prescription is for an amount higher than the FDA recommendations or for longer than 4 months.

Finally, FFS consumers who receive erectile dysfunction drugs must first undergo diagnostic testing and a medical evaluation. Approvals will be valid for 24 months though a prescription can still be for no more than a 6 month or five refill supply.

These changes will not affect Medical Assistance consumers in Managed Care.



DPW Invites Bidders to Run Medical Transportation in Philadelphia

Philadelphia County is the only county in Pennsylvania that does not receive funds directly from DPW to run a Medical Assistance Transportation Program (MATP) for its residents on MA. Instead, the state has a contract with a private entity to provide MATP services to the over 440,000 MA recipients who reside in the county. Wheels of Wellness has been the MATP contractor in Philadelphia. The current contract ends in June 2005



DPW has announced that it is issuing a Request for Proposals (RFP) seeking bids to run Philadelphia's MATP program beginning July 1, 2005. The initial contract will be for a 3-year period, which could be renewed for an additional 2 years depending on the contractor's performance. Public comments to the Draft RFP were due on January 14th. PHLP submitted a number of comments, focusing in particular on the need to reach out to and accommodate persons with limited English proficiency. The Final RFP will be posted on the state's Department of General Services (DGS) website on February 4, 2005. The Website is located at www.dgs.state.pa.us.

(ACCESS Plus, Continued from page 1)

will be auto-assigned to a PCP. Consumers who need to see a specialist must first obtain a referral from their PCP. However, referrals are not needed to obtain dental care, family planning, OB/Gyn care or to go to the Emergency Room. Individuals who need mental health or drug/alcohol services will continue to receive services as they have in the past—that is, through their county’s MH/MR or Drug and Alcohol Program.

Another feature of ACCESS Plus is “disease management” for those with one or more targeted diagnoses. These diagnoses are: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease and Congestive Heart Failure. Disease management services are designed to educate and assist consumers and their providers to better manage these diseases and stay as healthy as possible.

A Regional Approach

The 42 counties involved in ACCESS Plus are separated into three regions—Northwest, Central and Northeast. Consumers will be able to choose a PCP from within their region and access any MA specialty providers to whom they are referred within or outside the region. Each ACCESS Plus region will also have an Advisory Committee made up of consumers, advocates, providers, community organizations and other agencies that will meet regularly to advise McKesson on ACCESS Plus policies and procedures, issues that arise, etc.

Who Will Be in ACCESS Plus?

All MA consumers in the 42 counties must enroll in ACCESS Plus unless they fit into one of the exception categories. Those who will not be enrolled in ACCESS Plus include:

- ? ??? Consumers enrolled in a MA Voluntary Managed Care Plan
- ? ??? Consumers who are “dually eligible” (on MA and Medicare)
- ? ??? Consumers enrolled in HIPP (the Health Insurance Premium Payment Program)
- ? ??? Consumers who reside in a nursing home

Enrollments

At the end of January, 2005 materials will be sent out to consumers who will then begin to enroll into ACCESS Plus. The first group enrolled will be the children in these counties who are now in the Family Care Network (FCN). In addition, newly-eligible MA recipients will be enrolled into ACCESS Plus. For these consumers, ACCESS Plus will begin on March 1st. All other consumers (i.e. adults who are already on MA) will be enrolled next and ACCESS Plus will begin for them on May 1st. DPW has contracted with ACS (formerly known as Benova) to help consumers choose a PCP and enroll into ACCESS Plus. In the 26 counties that have Voluntary Managed Care, ACS will also take over the enrollment of those consumers who choose to join a Voluntary Managed Care Organization.

PHLP will be updating you regularly in this Newsletter as ACCESS Plus rolls out. If you have questions or need more information call PHLP’s Helpline at 1-800-274-3258.



(CHIP, Special Care Continued from page 1)

must pay an additional \$45.85 to cover their children under the program. Special Care does not have the same citizenship and income verification requirements as CHIP.

CHIP is superior to Special Care in virtually every way. The income limits are higher, the benefits are better and, for any child that qualifies for Special Care, there is no cost.

The Pennsylvania Health Law Project and Community Legal Services brought this problem to the attention of the Insurance Department last Fall. Since then, the Department has met with the Blue Cross plans who appear willing to conduct an outreach to families with children on Special Care to inform them of the availability of CHIP.

If you know of any families with children who are currently enrolled in Special Care please refer them to the Pennsylvania Health Law Project Helpline, 1-800-274-3258.

Changes to Distribution of SSI and State Supplement Checks

Beginning in January, 2005, there will be a change in the way recipients of Supplemental Security Income (SSI) receive their payments. Currently, the money that consumers get from the Social Security Administration (SSA) includes both a federal payment (SSI) and an additional payment, called the State Supplementary Payment (SSP). Currently, the monthly amount of the SSP is \$27.40 for an individual and \$43.70 for a couple in which both individuals are eligible. Starting in January, 2005, Pennsylvania's Department of Public Welfare (DPW) will send the SSP, while the Federal Social Security Administration will continue to send the SSI. There will be no change in the amount of benefits or in consumers' Medical Assistance benefits.

Consumers will receive their SSP in the same way that they receive their SSI payments. For example, if you get SSI by direct deposit, then, starting January, 2005, a separate deposit for your SSP will appear on your bank statement. If you receive your SSI by check, you will get a second check from Pennsylvania for your SSP. The exception to this is for people who receive their SSI by check and also have an ACCESS card; their SSP will be deposited into the ACCESS account. A recipient can change the way you get your payments by contacting your County Assistance Office.

This change also applies to people who receive only the SSP. Currently, these consumers receive their payments from the Social Security Administration, but, beginning January, 2005, the payments will come from Pennsylvania's DPW.

If you have questions about your SSP benefit or this change, you can call the SSP Helpline at 1-866-502-9105. Individuals with hearing impairments may call the TDD number at 1-800-451-5886.

PHLP Thanks the Philadelphia Bar Foundation for its Support

PHLP is pleased to announce that it recently received a grant of \$10,000 from the Philadelphia Bar Foundation to support our work in asserting the legal rights of Philadelphians to health care coverage and services. We truly appreciate the support of our colleagues in the legal community, who contribute so much to help the city's public interest law firms!

Good News! Child's/Survivor's Benefits Not Counted As Income for MA Disabled Child Category

Social Security Disability Benefits based on the past earnings of a deceased, disabled or retired parent will no longer be counted as income when determining MA eligibility for children with disabilities.

MA eligibility requirements for children under 21 with a severe disability, mental illness or behavior disorder (also known as the PH-95 or "loophole" category) only consider the income of the child and not the parent. Advocacy groups raised concerns that children often lose their much needed MA health coverage if they receive Social Security benefits as a result of the death, disability or retirement of a parent.

DPW initially revised its policy only for current MA recipients, but has now extended this policy to all new applicants in this category. If you are having problems with this change in policy at your CAO, refer your caseworker to Ops Memo 04-10-01. Remember, all other income of the child's is counted with the exception of court-ordered child support (Ops Memo 00-08-06).

If you have any other questions or problems, contact the Pennsylvania Health Law Project at 1-800-274-3258.



Getting an Extra \$600 towards Medications

Due to a recent settlement of a lawsuit between the Pennsylvania Attorney General and Medco, over 3000 people with little or no drug coverage can get \$600 in credit towards the purchase of generic drugs through the mail.



The Pennsylvania Patient Assistance Program (run through the state's PACE Program) offers assistance to people with little or no prescription coverage and who are 55 or older or are adults of any age with disabilities.

The Medco settlement involved providing \$600 credits to over 3000 people and there are fewer than 1000 people currently getting the credits.



If you know anyone who might benefit from an extra \$600 towards their generic medications, please have them contact the Pennsylvania Patient Assistance Program, toll-free, at 1-800-955-0989.





**Need help getting
FREE MEDICATIONS
through the Companies That Make Them?**





The Pennsylvania Patient Assistance Program (PA PAP) helps individuals **find out about and apply for** free prescription drugs from the companies that make them. Many pharmaceutical companies provide certain prescription medications free of charge to people who meet specific income qualifications and do not otherwise have access to necessary medications.



The Pennsylvania Patient Assistance Program (PA PAP) (run through the state's PACE Program) offers assistance to people with little or no prescription coverage and who are 55 or older or adults with disabilities (of all ages).



The PA PAP program has no fixed income guidelines in order to qualify for assistance. The income guidelines for getting assistance from the companies are as follows: a single individual should have income of \$20,000 or less; a married person should have income less than \$25,000. These income guidelines are based on the ones set by the manufacturers, and PA PAP notes that, while they may be flexible in whom they help apply for assistance, they cannot make any guarantees of gaining coverage.



If you would like assistance in applying to a drug company for free medications (as prescribed by your doctor), call the Pennsylvania Patient Assistance Program, toll-free, at 1-800-955-0989.

Revised Requirements for Consumer/Family Satisfaction Teams Hold Promise for More Meaningful Consumer Input

In our May 2004 edition of *Health Law PA News* we had an article regarding Consumer Satisfaction Teams (CSTs) – also referred to as Consumer/Family Satisfaction Teams (C/FSTs). C/FSTs are a critical tool for gathering input from behavioral health consumers about the mental health and drug and alcohol services they receive. They are also used to determine the helpfulness and effectiveness of the behavioral health plans in accessing services. The Guidelines for C/FSTs are found in Appendix L of the HealthChoices Behavioral Health RFP. C/FSTs are a unique quality assurance measure because they are comprised of consumers, persons in recovery and family members who interview those very individuals. However, as we shared in our May newsletter, many C/FSTs across the state have struggled to get the support and resources they need to do their job effectively and meaningfully.

As a result of those struggles, OMHSAS, with direction and input from The Consumer Satisfaction Team Alliance of PA (CSTAP), spent many months revising Appendix L. The final version is complete and implementation was effective January 1, 2005. The revised Appendix L **clearly** conveys the responsibilities of the primary contractors (generally the County Mental Health Program) to provide effective oversight of, and meaningful support to, the C/FST Programs and to ensure compliance with the guidelines.

Among the important revisions to the guidelines are the requirements that:

1. A C/FST Director must be a self-identified consumer, person in recovery or family member. (Grandfathering will be granted for existing Directors who are not.)
2. Surveys must identify consumers' satisfaction with a specific provider as well as their satisfaction with the behavioral health system overall.
3. Primary contractors must establish mechanisms to inform the C/FST Program of newly enrolled members and ongoing members who wish to participate in the satisfaction interviews. (Since many C/FSTs have had consistent struggles in accessing consumers to interview, this is a very important new requirement.)
4. The primary contractor must ensure timely provider action in response to survey results.

OMHSAS will spend the next few months conducting on-site reviews with the primary contractors, the C/FST Directors and the C/FST staff, to explain the revised guidelines and assist the counties in working toward compliance with the new requirements. Staff from CSTAP will also be available on an ongoing basis to provide technical assistance to any primary contractor, C/FST Director or C/FST staff at their request. For a copy of the revised Appendix L please contact Janice Meinert at PHLP at 1-800-274-3258.

The Pennsylvania Health Law Project Thanks the Philadelphia Foundation for its Support

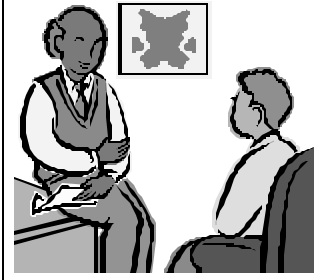
PHLP is appreciative of a generous grant recently received from the Philadelphia Foundation. The Health Law Project received funding from the Alice H. and Joseph W. Campbell Fund #1, Isabel Howell Gest Memorial Fund #2, William P. Gest Memorial Fund #1 and the Charlotte L. Hammell Fund to ensure equal access to quality health care for low income families and the working poor.

Get the Health Law PA News By Email!

Email Kevin Prindiville at
kprindiville@phlp.org
to switch to an
electronic subscription

Expedited Enrollment in Behavioral Health MCOs Effective Jan.1, 2005

Individuals who are found eligible for Medical Assistance (MA) in HealthChoices counties will now be more quickly enrolled in their Behavioral Health Managed Care Organization. Prior



to Jan. 1, 2005, a person's enrollment in their county's Behavioral Health MCO occurred at the same time as their enrollment in a Physical Health MCO. This process generally took 30-45 days from the time an individual was determined eligible for MA by the County Assistance Office (CAO). During that 30-45 day period, the person received MA services through the fee for service system. However, since the individual did not have a choice of their behavioral health plan, delaying enrollment until the person chose their Physical Health MCO served no purpose. OMHSAS has decided this 30-45 day waiting period is unnecessary and it has now been eliminated. As of January 1, 2005, the person's effective enrollment date into their Behavioral Health MCO will now be the same as the "system date" which is the date a person is found eligible for MA and entered into the Client Information System by the CAO.

What does this mean for consumers?

Consumers can now have quicker access to behavioral health services that are available through their Behavioral Health MCO but that are not available under the MA Fee-For-Service system. For example, consumers can now access drug and alcohol treatment such as Halfway House, Non-hospital Detoxification and Non-hospital Rehabilitation sooner because Behavioral Health MCOs pay for these services. Consumers can also have quicker access to certain mental health services such as Intensive Case Management and Resource Coordination that are paid for by Behavioral Health MCOs.

The expedited enrollment in the Behavioral Health MCOs does not affect enrollment into the Physical Health MCOs. Individuals are still given time to choose their Physical Health MCO and their Primary Care Provider and typically will not be enrolled into their Physical Health MCO until 30-45 days after they are determined MA eligible.

If you have any questions about the behavioral health expedited enrollment process contact Janice Meinert at PHLP at 1-800-274-3258.

DPW Plans to Close Harrisburg State Hospital

Earlier this month, Secretary Richman announced that the Department of Public Welfare plans to close Harrisburg State Hospital, an institution for individuals with mental illness. Mental Health advocates from across the Commonwealth applauded the move as a positive step towards the goal of moving individuals out of institutions and into community settings where they can function as an active part of the community while still receiving necessary treatment and care.

There are currently 258 individuals residing at HSH. DPW expects half of these individuals to be transitioned into community settings such as group homes, public housing or living with family. Other individuals will be transferred to Danville State Hospital in Montour County and Wernersville State Hospital in Berks County. The closure will take place over the course of a year and DPW plans to create a community advisory committee composed of residents, county representatives and other stakeholders to monitor and assist the process.

Public comments on the closing will be elicited via public hearings held on January 27, 2005 at the Zembo Mosque, 2801 North Third St., Harrisburg. There will be two sessions of hearings. The afternoon session will be from 2-4 pm and the evening session will be from 6-9 pm. If you would like to speak at the hearing, DPW asks that you contact Lisa Brommer at (717) 772-7584.

Has your publicly funded healthcare application been denied or your publicly funded healthcare coverage cut off?

Pennsylvania Health Law Project Helpline ~ 1-800-274-3258

TTY 1-866-236-6310

Visit us online at www.phlp.org.

Call the Pennsylvania Health Law Project, if you:

- ~ applied for Medical Assistance and have been denied
- ~ applied for Medical Assistance and haven't heard anything or
- ~ have been receiving Medical Assistance and are getting cut off

The Pennsylvania Health Law Project provides free assistance to consumers who are having trouble accessing publicly funded healthcare coverage or services. If you are denied or cut off Medical Assistance, call the Pennsylvania Health Law Project at 1-800-274-3258 to review your appeal rights and request representation in your appeal. The Pennsylvania Health Law Project also assists consumers who have had healthcare services denied, reduced, or cut off.

Pennsylvania Health Law Project Helpline ~ 1-800-274-3258

TTY 1-866-236-6310

Visit us online at www.phlp.org.

DPW Announces Plan to Pay Less for Drugs

In December, DPW told the Medical Assistance Advisory Committee it plans to pay less for generic drugs under the fee-for-service (non-managed care) program. Consumers have asked DPW to set up a system to allow them to report access problems, and to intervene if necessary on behalf of consumers needing medicines that are not available.

DPW intends to soon propose regulations to change its reimbursement system, which currently pays the lower of the federal upper limit (FUL) or the Average Wholesale Price (AWP) minus 10%, to a formula which will pay the lower of FUL, or AWP-25%, or a third price based on what wholesalers are paying in Pennsylvania. Representatives of the pharmaceutical industry voiced opposition to getting paid less for drugs. Consumer representatives said that while they applaud the state's efforts to save money, they worry that pharmacies may stop carrying drugs for which the financial return is considered inadequate. DPW spokespersons responded that Pennsylvania's current reimbursement is very generous, and the new rates will still be lower than in some other states. Interested persons should check upcoming issues of the Pennsylvania Bulletin for details and an opportunity to comment.

Pennsylvania Health Law Project

924 Cherry Street, Suite 300

Philadelphia, PA 19107