

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

VOLUME 6, NUMBER 4

JANUARY 2003

adultBasic Care Adds 10,000 Slots, but "Caps Out"

adultBasic Care is the Pennsylvania health insurance program for uninsured adults run by the State Department of Insurance. When the program was created in 2002, it was only funded to cover between 30-40,000 adults. Demand for this program has been great and about 38,000 persons had already been enrolled by the end of the year. To try and expand the program to meet the demand, the state transferred unused funds set aside for the Medical Assistance for Workers With Disabilities (MAWD) program to cover approximately 10,000 more adultBasic applicants.

Even with that increased budget, however, the adultBasic Program is now full. Anyone applying for adultBasic through any of the 4 health plans administering the program will be screened for eligibility and then placed on a waiting list. When openings occur in adultBasic, those individuals will be enrolled in the program first-come, first served. **Even though there is a waiting list, you are encouraged to apply, as there is likely to be high turnover from this list.**

It is possible for persons found eligible for adultBasic and put on the waiting list to purchase the health insurance at cost while they are waiting to be enrolled. The cost of purchasing the insurance varies depending on the health plan administering the program. According to the health plans, these are their monthly premiums to purchase individual health coverage while waiting to be enrolled in the adultBasic Program:

Highmark/Western Caring Foundation (Western PA)	\$222.26/mo.
Keystone Health Plan East (Southeastern PA)	\$210.67/mo.
Capital Blue Cross/PA Blue Shield (Central PA)	\$244.34/mo.
First Priority Health (Northeastern PA)	\$273.48/mo.

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adultBasic

Statewide:

1-800-GO-BASIC

First Priority Health (Northeast)

1-800-543-7199

Capital Blue Cross/PA Blue Shield

1-800-543-7101

Highmark/Western Caring Foundation

1-800-543-7105

Keystone Health Plan East

1-800-464-5437

PA Dept. of Insurance adultBasic website:

<http://www.insurance.state.pa.us/html/adultbasic.html>

DOH Receives Grant To Improve Dental Access!



The PA Department of Health, in collaboration with DPW, has received almost a million dollars from the Robert Wood Johnson Foundation to do a 3 year study on ways to improve access to dental care in the Medical Assistance and CHIP programs. The money will be used for three projects:

1. Training designed to increase the number of Expanded Function Dental Assistants (EFDAs) across the state to help broaden provider networks.
2. Establishing a special-needs dental clinic in Central Pennsylvania modeled after the Special Smiles Clinic that currently exists in Philadelphia.
3. Recruitment of dentists willing to treat special needs patients, including those on MA and CHIP, and establishment of a referral system through the Special Kids Network. We will provide updates on these projects as they develop.

Breast and Cervical Cancer Prevention and Treatment Program (BCCPTP) Brochure now Available in Spanish!

Para mas informacion sobre el Programa de Prevencion y Tratamiento del Cancer del Utero y de Mamas, comuniquese con la Oficina de Asistencia local de su Condado o llame a la linea de ayuda del Departamento de Bienestar Publico. Llame al 1-800-842-2020.

Call your local County Assistance Office for information on how to obtain copies of this brochure.

Robert Wood Johnson Foundation to Rally Diverse Crowd for "Covering the Uninsured Week"



A diverse group of organizations and spokespeople are collaborating to call attention to the national crisis of America's growing uninsured population. During the week of Monday, March 10

through Sunday, March 16, 2003, The Robert Wood Johnson Foundation and the California Endowment will join honorary co-chairmen former Presidents Jimmy Carter and Gerald Ford in sponsoring events across the nation that will promote educate and dialogue on this problem across demographic and political lines.

The array of cosponsors, among them the AARP, the AFL-CIO as well as the American Hospital Association and the Blue-Cross and Blue Shield Association, is intended to represent a broad spectrum of constituencies and perspectives on this complex issue. Rather than using this week as a medium for generating solutions to the uninsurance crisis, the sponsors' share the common goal of raising the profile of the issue on the national stage.

To learn more about events that may be taking place in your area, visit:

www.covertheuninsuredweek.org,
or contact
Enzo Pastore of Families USA at:
epastore@familiesusa.org.

DPW to Require Prior-Authorization for Certain Pain Meds



Beginning February 18, 2003, the fee-for-service (non-HMO) Pennsylvania Medical Assistance program will require prior authorization for a category of medication known as COX-2 inhibitors. There are currently

three such medications on the market: celecoxib or Celebrex®, rofecoxib or Vioxx®, and valdecoxib or Bextra®. These medications are used to treat arthritis and other kinds of muscle and joint pain.

Patients over 70 years of age who are not taking any other similar medication for arthritis will be able to get these medications without prior authorization. Patients under 70 years of age who are taking an anti-coagulant medication (sometimes referred to as a “blood thinner”) will also be able to obtain a prescription without prior authorization. All other consumers in the fee-for-service system who are currently on these medications, or who are prescribed them after February 18, 2003 will first need their doctors to call DPW to obtain prior authorization. DPW has promised to send a special notification letter to anyone currently on the medication to inform them of this change. People currently on these medications will not be allowed to continue on them without obtaining this authorization.

The MA fee-for-service program will prior authorize these medications by telephone only, between the hours of 8:00 am and 4:00 pm Monday through Friday. Only physicians, and not pharmacists, will be able to request prior authorization. Although the final bulletin has not yet been issued, DPW has stated that it plans to allow pharmacies to dispense a 5 day immediate supply if, in the judgment of the pharmacist, there is an immediate need for the medication. At the time this newsletter went to press,

DPW had not issued a new draft bulletin to indicate how this will be put into effect, and how pharmacists will obtain permission for this supply.

DPW has chosen to prior authorize these medications because it believes they are expensive medications which are being over-prescribed and inappropriately utilized by doctors. The medications themselves are very similar to other drugs called NSAIDS, or non-steroidal anti-inflammatory medications. Examples of these include ibuprofen (Advil®, Motrin®), and naprosyn (Naproxen®, Alleve®). Some people who take these other arthritis drugs develop stomach problems or bleeding ulcers as a result of the drugs. The COX-2 inhibitors are thought to have a lesser chance of giving someone bleeding or an ulcer. The medications in both categories work equally well to help the pain of arthritis. In the final bulletin, DPW will specify the documentation of medical necessity which will be required for the medication to be authorized.

Under Medicaid, prior authorization requests must be approved or denied within 24 hours, or an emergency supply provided. Advocates helping consumers who are having trouble obtaining medication should determine if the prescriber tried to obtain prior authorization, and if the pharmacist offered to dispense, or was unable to dispense, a five day temporary supply. If the prior authorization request is denied, the consumer should receive a denial notice with appeal instructions. If the consumer reports problems at the pharmacy, or states that the physician was unable to reach the prior authorization line, or needs help in appealing a denial, contact the Pennsylvania Health Law Project, 800-274-3258.

The COX-2 Inhibitor Prior Authorization number is 1-888-379-3309 and is open between 8:00AM and 4:00 PM Monday through Friday.

Attention: Low-Income Medicare Beneficiaries!



Low-income Pennsylvanians on Medicare are eligible for programs that could save them a lot of money. There are programs that can help people save on their utility bill and their rent, as well as programs that can help people pay their Medicare Part B premiums and help pay for prescription drugs. Eligible people who enroll in these programs, can put hundreds or even thousands of dollars back into their pockets every year!

Unfortunately, many do not know that these programs exist, and the application process can be confusing and extremely time-consuming. Over half of the people in the state who are eligible for these money-saving programs are not enrolled in them.

In Fall 2002, the Pennsylvania Campaign for Affordable Health Care (PCAHC) was formed to address this problem and to spread the word about programs that are currently available to low-income Medicare beneficiaries. PCAHC is a coalition made up of government agencies, consumer advocacy groups, community organizations and private companies, all working together to get more people enrolled in these money-saving programs.

You can find out more about the Pennsylvania Campaign for Affordable Health Care on the web at www.php.org. The PCAHC home page has many helpful resources for advocates and consumers, including information about money-saving programs and links to on-line and downloadable applications. It also has a simple tool that can help determine eligibility and links to all of the coalition members' websites. You can access the PCAHC home page by simply clicking on the pink box at the top of the PHLP website.

If you are a Medicare beneficiary and want to find out more about programs that could potentially save you a lot of money, call **Ann Ritter at 1 800-274-3258**.

Many Ways to Get Around in Philadelphia



Many people who had been receiving transportation assistance through the Medical Assistance Transportation Program (MATP) were notified recently that they will no longer be eligible for these services once their MA eligibility expires. It is important for these individuals to know that they may still be able to obtain specialized transportation services through other agencies and organizations in Philadelphia.

In partnership with SEPTA's Shared Ride Program, the Philadelphia Corporation on Aging (PCA) offers an Attendant Transportation Program (ATP) for persons with disabilities who are over 65. Participants in ATP will be provided with a trained attendant who can assist them in getting from their homes onto SEPTA paratransit vehicles, and from the vehicles to their destinations.

Please note that in order to apply for this service, you must first be accepted into SEPTA's Paratransit program.

(Transportation, continued on page 7)

Recipient Restriction Program Update



Pam Mailey from DPW's Bureau of Program Integrity (BPI) made a presentation at the January Meeting of the Consumer Subcommittee to the Medical Assistance Advisory Committee (MAAC) about "enhancements" to the Recipient Restriction Program (Restriction Program). She also responded to issues raised by the Consumer Subcommittee in October 2001.

Under the Restriction Program a Medical Assistance (MA) recipient who is identified as abusing or misusing MA may be restricted for five years to a single provider, usually to a PCP or pharmacy. In the case of the physician restriction the person can ask to change PCPs but once they find a provider they are satisfied with they must get all of their physical health care from that provider and can only go to specialists that the PCP has referred them to. For recipients in Fee-for-Service MA, this is a significant change in the way their care is provided. For recipients in HealthChoices, there is virtually no change in how they receive services since they are required by their managed care plans to get a referral from their PCP before they can go to a specialist, and to get prior authorization for many prescriptions and treatments.

Some restricted recipients have complained that the program requires them to have their PCP re-write any prescriptions that their specialists give them. This is not how the Restriction Program is supposed to work. If a patient is referred to a specialist, the specialist may prescribe medications, using any applicable prior authorization procedures. If the medication is approved the patient may have the prescription filled.

Ms. Mailey reports that approximately 2005 people are in the Restriction Program statewide, or 0.14% of all state MA recipients. Seventy-eight percent of restricted recipients are in

HealthChoices while only 22% are in Fee-for-Service. Consumers told Ms. Mailey that they were concerned about this distribution of recipients because HealthChoices with its managed care requirements uses the same model as the Restriction Program. That so many managed care recipients are in the Restriction Program represents a failure of PCPs and HMOs to manage patient care.

The other consumers' concerns were:

- restricting a person to a single provider for five years is excessive that the length of restriction should be individualized and not more than two years;
- no effort is made to reach out to consumers or providers before restricting the consumer;
- restrictions related to drug addiction should be accompanied by treatment; and
- restrictions should not be made if related to network inadequacy.

In response Ms. Mailey stated that BPI will not consider reducing the 5-year restriction period because this period was approved by CMS and the restrictions are only imposed in extraordinary cases. She maintains that CMS has approved restriction programs that last between 1 and 6 years in other states, according to CMS. Ms. Mailey also stated that BPI will not attempt to contact consumers ahead of time, because consumers move frequently, often changing their addresses and phone numbers, and are hard to find. However, BPI is revising the letter that is sent to consumers telling them that they have been placed in the Restriction Program and informing them of a toll-free number that is being set up to answer consumer questions. BPI is also developing a brochure about how the program works. In it consumers will be notified of their right to appeal the restriction. For more information, please call the Bureau of Program Integrity at 717-772-4627 or, 1-866-400-5843.

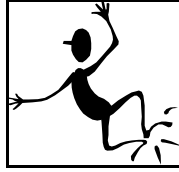
Interpreter Services



As we reported last summer, The Pennsylvania Department of Public Welfare (DPW) is developing a Request for Proposals (RFP) for provision of interpreter services to Medical Assistance (MA) recipients who need interpreters in order to see a doctor in the fee-for-services program. Suzanne Love, Director of the DPW Bureau of Policy, Budget, and Planning has reported that a draft RFP for interpreter services was approved by the DPW Department of General Services and has been forwarded to the DPW Office of Legal Counsel for review. Watch for updates on Interpreter Services in our future newsletters.

Until further notice the way MA recipients can request an interpreter differs depending on whether the person is in HealthChoices or Fee-for-Service. In HealthChoices the patient calls their health plan's member services department and asks to arrange for an interpreter for a scheduled appointment. Recipients should try to give the plan advance notice (preferably two weeks). We do not currently have a contact number for Fee For Service recipients to call to request interpreter services. Please call our helpline, 800-274-3258, if you need assistance.

Expansion of covered services



DPW has filed a notice of proposed rulemaking which will allow Medical Assistance to pay for the insertion of penile prostheses when these are considered medically necessary. Prostheses are considered medically necessary when impotence is thought to be caused by a medical problem such as diabetes, circulation problems, or prostate surgery.

Up to now, insertion of a penile prosthesis was listed as a non-compensable service. With the advent of Viagra®, and changing medical knowledge, DPW has reevaluated the procedure and acknowledged that it is in accordance with customary standards of care.

Magellan Behavioral Health of PA Parent Company Having Serious Financial Difficulties

Magellan Behavioral Health of PA is the behavioral health managed care plan for the counties of Bucks, Chester, Delaware, Montgomery, Lehigh and Northampton. The national parent company for Magellan has been experiencing serious financial difficulties and has been operating with a significant debt that may force them into Chapter 11 bankruptcy, though that has not occurred as of this writing.

The Office of Mental Health and Substance Abuse Services (OMHSAS) reports that it is closely monitoring Magellan of PA. OMHSAS reports that they are also asking the county mental health offices to monitor Magellan to ensure that providers continue to be paid in a timely manner and to monitor the mental health services approved for clients. Neither OMHSAS nor the counties have reported any problems at this point. No county has made a request to the State to be released from their contract with Magellan. If there are any concerns that consumers are being negatively impacted by the financial situation of Magellan's parent company, please contact the PHLP at **800-274-3258**.



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Have suggestions?
Comments?
Please send us your
feedback by Email!**

If you have suggestions for how we can improve our newsletter, website, or any of our materials, please let us know. Send an email to
Josh Kershenbaum at:
JKershenbaum@phlp.org
Please include your contact information so we can follow up. Thanks!

(Transportation, Continued from page 4)

For information on how to apply for SEPTA Paratransit, please call **(215) 580-7145**. You can also visit SEPTA on the web to learn more about these services at <http://www.septa.org/riding/access.html>. For questions relating to the PCA Attendant Transportation Program, call the PCA helpline at **(215) 765-9040**.

If you are under 65 and have a disability, but are not eligible for MA, you are encouraged to call **Liberty Resources' paratransit hotline** at **(215) 634-2000**. This help line is open from 8:30 am – 4:00 pm, Monday through Friday. The staff at Liberty Resources can discuss a number of transportation options to fit your specific needs. You can learn more about Liberty Resources on the worldwide web, at: <http://www.libertyresources.org/advocacy/septa-2.html>

In addition to the above resources, there are numerous, additional transportation services available for people with mental retardation through your local MH/MR office. The phone number for your local branch will be in your phone book in the “blue pages.”

Finally, for people with cancer, The American Cancer Society offers some transportation services to help people get to and from their treatment appointments. For information about ACS's "Road to Recovery" program, please call **(215) 985-5400**.



Do you value this newsletter? Do you find our other free resources helpful?

Now there are two ways you can show your support for PHLP!

You can **mail** a tax-deductible donation - check or money order - to:

The Pennsylvania Health Law Project
924 Cherry Street, Suite 300
Philadelphia, PA 19107

You can also make donations to PHLP through The **United Way Donor's Choice Program**. If your employer participates in this program, please ask for an application form and enter the PHLP number, **10277**. The amount you choose to designate will be deducted from your paycheck. *Some employers provide matching gifts.*

If you are outside of the Southeast Pennsylvania Region, please check with your local United Way on how to donate to PHLP through Donor's Choice. To locate your local chapter of **The United Way**, and to find out more about this program, please visit our new donations page on our website at:

<http://www.phlp.org/Donations.htm>.

If you would like a letter acknowledging your donation for tax purposes, we will be happy to furnish one upon your request.

The official registration and financial information of PHLP may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Health Law PA News

Health Law PA News is published by the Pennsylvania Health Law Project approximately every other month for Medical Assistance, CHIP, Medicare, and uninsured consumers and their advocates. The PA Health Law Project is a non-profit, statewide legal advocacy organization dedicated to empowering low-income Pennsylvanians to access healthcare. PHLP has three offices:

Pittsburgh

650 Smithfield St., Ste 2130
Pittsburgh, PA 15222
412-434-5779

Harrisburg

101 S. Second St., Ste. 5
Harrisburg, PA 17101
717-236-6310

Philadelphia

924 Cherry St., Ste 300
Philadelphia, PA 19107
215-625-3663

PHLP also runs a statewide toll-free help line available to consumers on Medical Assistance, CHIP, and Medicare, or who are uninsured at 1-800-274-3258.



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