Health Law PA News

A Publication of the Pennsylvania Health Law Project

PENNSYLVANIA Health Law PROJECT

Volume 15, Number 6
November 2012

Statewide Helpline: 800-274-3258
Website: www.phlp.org

Final Phase of Medicaid Managed Care Expansion Begins Soon

Beginning in January, 2013, DPW will begin the final phase of its statewide expansion of HealthChoices (what DPW calls mandatory managed care for most Medicaid consumers). HealthChoices now exists in 45 counties and 4 zones: Southeast, Southwest, Lehigh/Capital and New West. The remaining 22 counties in the state will make up the HealthChoices New East Zone that DPW is planning to go into effect on March 1, 2013.

In January, DPW will mail out managed care plan enrollment information to over 205,000 Medicaid consumers in Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming counties. Consumers will have until **February 7th** to enroll into one of the three available plans. Those who do not enroll in a plan by February 7th will be auto-assigned to a plan effective March 1st. The three plans available to consumers in the New East Zone are: **Amerihealth Northeast**, **CoventryCares**, and **Geisinger Health Plan Family (GHP Family)**. Those currently enrolled in a Voluntary Plan with Amerihealth Mercy can either stay in the plan they are in (in which case they will move into HealthChoices with Amerihealth Northeast effective March 1st) or they can switch to a new plan (by enrolling no later than February 7th) that will go into effect March 1st. **Those currently enrolled in a Voluntary Plan with United Healthcare Community Plan will not be able to stay in this plan since it is no longer doing business as a Medicaid plan in the Zone as of the end of February**. As a result, all those in United Healthcare will need to enroll in one of the three available plans by February 7th or else they will be auto-assigned to a plan.

As a reminder, certain Medicaid consumers in the New East Zone will not be affected by the expansion of HealthChoices because they are exempt from Medicaid managed care. To be exempt, consumers must fit into one of these groups:

- **Full Dual Eligibles**: those on Medicare who also have full Medicaid through their ACCESS card

(Continued on Page 2)

INSIDE THIS EDITION

Training on HealthChoices New East Zone Expansion	2
Time Running Out for Pennsylvania to Create a State-Run Exchange	3
Medicaid Expansion: Critical for Pennsylvania's Communities	4
Medicare Part D Prescription Coverage Expands in 2013	5
Pennsylvania Making Strides to Integrate Physical and Behavioral Health Care	6
Medicaid Reinstatement Possible for 100,000 Pennsylvanians	7
Happy Holidays from PHLP	8

Copyright © 2012 Pennsylvania Health Law Project

(Continued from Page 1)

- **Aging (PDA) Waiver participants**
- **LIFE Program participants**
- **HIPP participants:** consumers who are also enrolled in employer-sponsored health insurance for which Medicaid is paying the premium
- **Women eligible for Medicaid under the Breast & Cervical Cancer Prevention and Treatment Program (BCCPT)**

PHLP will be providing trainings in December to educate consumers, advocates, community organizations and providers about how HealthChoices works, how to choose a managed care plan, and what consumers can do if they cannot access the healthcare and the providers they need in their new plan. See the flyer below for details.

Training on HealthChoices New East Zone Expansion

As of March 1st, 2013, ACCESS PLUS will no longer operate in Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming Counties.

Everyone who has ACCESS PLUS must join a managed care plan by February 7th! If an ACCESS PLUS recipient does not pick a plan by this date, they will be auto-enrolled into one. Additionally, any consumers enrolled in United HealthCare Community Plan will need to choose a new plan by February 7th, since that plan will not be serving the New East Zone.

This is an important change for Medicaid recipients in these counties, impacting how they access health care services and providers. Consumers, family members and professionals need to know:

- How coverage will change after March 1st;
- Managed Care Plan choices available;
- What to think about before choosing a plan; and
- What to do if a plan isn't meeting someone's needs.

Tuesday, December 11th, 2012 **10 am- 12 pm** Union County Library 255 Reitz Blvd. Lewisburg, PA 17837	**Tuesday, December 18th, 2012** **9:30 am- 11:30 am** Fellowship Hall Zion United Lutheran Church 1919 Route 209

Come to a **FREE** in-person training by the Pennsylvania Health Law Project (PHLP) to learn about these upcoming changes and more!

Or attend PHLP's free HealthChoices New East Zone Expansion webinar training on **Friday, December 14th, 2012 from 10 am to 12 pm**.

Space is Limited. Please RSVP for an in-person or webinar training through PHLP's Helpline (1-800-274-3258) or staff@phlp.org.

Copyright © 2012 Pennsylvania Health Law Project

Time Running Out for Pennsylvania To Create a State-Run Exchange

State-based health insurance exchanges, or marketplaces, are a key component of the Affordable Care Act (ACA), and the places where individuals and small businesses will be able to shop for coverage. States have the option of operating their own exchange, partnering with the federal government to operate the exchange or asking the federal government to run the exchange entirely. States that do not make a choice will default to a federally facilitated exchange. All exchanges, regardless of how they are administered, must be ready to begin enrolling consumers into coverage on October 1, 2013 and must be fully operational on January 1, 2014.

The United States Department of Health and Human Services (HHS) has given states until December 14, 2012 to decide whether to run a state-based exchange, and until February 15, 2013 to opt for a partnership exchange.

While Governor Corbett committed in November 2011 to build a state-run exchange, he has yet to give HHS a final decision. Pennsylvania Insurance Commissioner, Michael Consedine, recently said development of Pennsylvania-run exchange has stalled, in part, because HHS failed to answer questions about cost and other operational details. On December 10, HHS provided answers to the questions posed by Republican governors.

While Pennsylvania has remained undecided, at least 23 other states have declared their intent to either create a state-run exchange or operate an exchange in partnership with the federal government, including Pennsylvania's neighboring states of Ohio, Delaware, Maryland, and New York. As of December 10, Maryland's state-run Exchange plans have been conditionally approved.

Time appears to have run out for Pennsylvania to establish an entirely state-run Exchange, according to a report PHLP released last September, "An Assessment of Pennsylvania's Options for a Health Insurance Exchange" (http://www.phlp.org/wp-content/uploads/2012/09/Assessment-of-PAs-Options-for-a-Health-Insurance-Exchange.pdf). Even with the additional time to opt for a partnership exchange with the federal government, Pennsylvania will face challenges to make the policy and implementation decisions necessary to carry it's share of responsibilities.

A federally facilitated exchange is unlikely to last long. Though Pennsylvania and other states must declare by December 14, 2012 whether they intend to operate their own exchanges starting in January 2014, there is no penalty for launching a state-run exchange **after** 2014.

PHLP will keep readers informed of Pennsylvania's progress, and the federal government's arrangements, as a federally facilitated exchange becomes more and more likely in the near term.

Do you currently get the Health Law PA News through the mail?

Would you like to get these newsletters by e-mail?

If so, contact staff@phlp.org to change the way you get your PHLP newsletters!

Copyright © 2012 Pennsylvania Health Law Project

Medicaid Expansion: Critical For Pennsylvania's Communities

With the constitutional issues surrounding the Affordable Care Act (ACA) decided by the U.S. Supreme Court in June and the re-election of President Barack Obama, Pennsylvania now faces a critical decision about whether to expand Medical Assistance, the state's Medicaid program.

Last month, Governor Corbett expressed doubts the state budget could absorb the costs of a Medicaid expansion even with the federal government picking up most of the expenses. PHLP understands the importance of the Corbett administration carefully considering its options. At the same time, it is important for the public and policy makers to understand the implications of this decision.

Pennsylvania's Medicaid program, despite its costs, does not rank well when compared to other states. Our eligibility level for low-income parents is among the lowest in the country, covering only those parents whose income is under 50% of the poverty line. That translates into an annual income of under $11,525 for a family of four! And Pennsylvania has no public insurance program for "childless" adults (who aren't pregnant, disabled, elderly, or suffering from breast/cervical cancer). This means that a totally impoverished individual cannot get Medicaid in Pennsylvania.

The ACA Medicaid expansion changes all this by establishing a new national income eligibility level at 133% of federal poverty.

- The new eligibility level will be about $15,400/year for an individual; $32,000/year for a family of four.
- About 682,880 **uninsured people in Pennsylvania** are expected to qualify according to estimates from the Department of Public Welfare provided this summer.
- This will have a **huge impact – offering coverage for more than half of Pennsylvania's 1.4 million uninsured.** Insured individuals are more likely to receive needed care at the right time in the right setting and to have preventive screenings, both of which lower medical costs. Insured individuals with complex and chronic illnesses are more likely to manage their care and avoid an escalation of health problems.

The Medicaid expansion is also an enormous benefit for the economy of Pennsylvania. Over $19 billion dollars will come into Pennsylvania between 2014 and 2019 as the result of the Medicaid expansion, and these federal dollars will go directly into our state economy resulting in more jobs that cannot be outsourced.

The Medicaid Expansion, while targeted to adults, also helps children. When parents and caretakers have health insurance, their health generally improves, and their children are also more likely to be insured and more likely to utilize preventive care services as well as urgent care.

The Medicaid Expansion will provide health care coverage to Pennsylvania's residents working low-paying jobs and will save community funds. Most low-paying jobs do not provide health insurance. Thus, these low-wage workers are often unable to access health care to treat otherwise manageable health conditions. This results in unnecessary ER visits, where our community-funded hospitals end up providing uncompensated care.

The Medicaid Expansion will help those who most need a safety net, including homeless people and those with severe mental illness. Half of the newly eligible individuals have *(Continued on Page 5)*

Copyright © 2012 Pennsylvania Health Law Project

(Continued from Page 4) incomes at 50% or less of the federal poverty line ($465 a month for an individual). Many of these extremely low-income individuals are homeless and approximately ¼ of them have a serious mental illness. Approximately 1 in 6 currently uninsured adults with incomes below 133% of poverty has a severe mental disorder.

A decision about the Medicaid expansion will likely be announced no later than early February, when Governor Corbett delivers his budget proposal. Readers who believe Pennsylvania should take advantage of this opportunity offered to expand Medicaid coverage to the poorest uninsured in our communities, should contact the Governor's office and their state representatives.

Medicare Part D Prescription Coverage Expands in 2013

Effective January 1, 2013, Medicare Part D Plans will expand their drug formularies to include benzodiazepines as well as barbiturates that are prescribed for certain conditions. Up until now, Medicare law excluded benzodiazepines and barbiturates from Medicare Part D coverage. The Affordable Care Act changed the law and expanded Part D coverage to include these medications beginning next year.

Benzodiazepines are anti-anxiety medications such as Ativan, Diazepam and Klonopin. Beginning on January 1st, benzodiazepines will be included as a covered drug class in Part D plan drug formularies. Like with other Part D covered drugs, plans can limit access to these medications by only covering certain benzodiazepines, requiring prior authorizations, imposing quantity limits or through step therapy. Barbiturates are a class of drugs that act as depressants to the central nervous system and include medications such as Phenobarbital and Amytal Sodium. Under the Affordable Care Act, barbiturates must be covered by Part D plans if they are used in the treatment of cancer, epilepsy and chronic mental health disorders. If barbiturates are being prescribed for any other purpose, they continue to be excluded from Part D coverage.

Full dual eligibles (those with Medicare and full coverage through Medicaid) can currently use their Medicaid ACCESS card at the pharmacy to cover prescriptions for benzodiazepines and barbiturates that are now excluded from Medicare Part D coverage. Beginning on January 1st, that will no longer be the case. Because Part D plans can now cover these medications, the ACCESS card will no longer include coverage for benzodiazepines and barbiturates used for treatment of cancer, epilepsy and chronic mental health disorders.

When comparing plan options for next year, all Medicare beneficiaries taking benzodiazepines and barbiturates (for the certain conditions listed above) should check that their medications are on the plan's formulary and check to see if there are any special rules for coverage of those medications.

Those who have questions about this change or who need help accessing their prescription medications through their Part D plan can call PHLP's Helpline or APPRISE at 1-800-783-7067.

Please support PHLP by making a donation through the United Way.
For Southeast PA, go to www.uwsepa.org and select donor choice number 10277.
For the Capital Region, go to www.uwcr.org and pledge to donate to the Pennsylvania Health Law Project.

Copyright © 2012 Pennsylvania Health Law Project

Pennsylvania Making Strides to Integrate Physical and Behavioral Health Care

Over the last several years, Pennsylvania has been engaged in efforts to integrate physical and behavioral health care. Between 2009 and 2011, the state undertook a two-year pilot program to integrate physical and behavioral health care services for adult Medicaid beneficiaries with serious mental illness (SMI) and co-occurring physical health conditions. A recently completed evaluation found that through such pilot programs states can develop effective strategies to promote integration across separate financing and delivery systems although integration challenges remain (including information sharing, privacy concerns, and engagement of busy health care providers). Pennsylvania, like many states, has a "carve-out" for behavioral health services-meaning Medicaid recipients in Pennsylvania receive their behavioral health care through one managed care plan and their physical health care through a different managed care plan (or through the fee-for-service system or ACCESS Plus depending on where they live and how they qualify for Medicaid).

The Pennsylvania Department of Public Welfare (DPW) and the Center for Health Care Strategies (CHCS) partnered on this pilot program, part of the Rethinking Care Program which sought new ways to improve the quality of care and to decrease spending for high-need, high-cost Medicaid beneficiaries. Under this pilot, known as the SMI Innovations Project, two separate programs were developed in the Southwestern and in the Southeastern parts of the state. The Southwest pilot, named "Connected Care", was a collaboration between UPMC for You, Community Care Behavioral Health and the Allegheny County Office of Behavioral Health. The Southeast pilot, named "HealthChoices Health Connections" (HCHC), was a collaboration between Keystone Mercy Health Plan, Magellan Behavioral Health Services and the Bucks, Montgomery and Delaware County Offices of Behavioral Health. DPW set the framework for the pilot including: provider engagement and the medical home; consumer engagement; data management and information exchange; coordination of hospital discharge and appropriate follow-up; pharmacy management; appropriate Emergency Department use for behavioral health treatment; alcohol and substance abuse treatment/care coordination; and co-location of resources.

Each program then had flexibility in terms of design and implementation within this framework but with the same overarching goal-improving the connection and coordination of care for persons with serious mental illness and significant physical health conditions in order to improve their overall health. Both projects focused on a "Patient Centered Medical Home" model using an integrated care plan/member health profile to enable information exchange between physical health and behavioral health plans of all medical, behavioral health and social needs of the pilot participants. The pilots used care managers/navigators for phone and face to face contact with participants to engage them, to maintain their engagement and provide education on key issues such as appropriate use of the emergency room, medication side effects and follow-up care following hospitalizations. The navigators/care managers were responsible for outreach to participants and providers, for timely updates to care plans and for case conferences for complex cases. Communication and coordination of care between participants, physical health and behavioral providers and health plans was key to the project's success. Performance measures included reaching goals for the number of integrated care plans developed, notifications of hospital admissions, and prescriber notifications about refill gaps for atypical antipsychotic medications. Outcome measures included reduced ER visits and hospital admissions.

(Continued on Page 7)

Copyright © 2012 Pennsylvania Health Law Project

(Continued from Page 6) During the two years of the SMI Innovations Project, the Southeast HCHC pilot engaged approximately 900 consumers and the Southwest Connected Care pilot engaged approximately 2,500 consumers. The evaluation report completed in recent months found both programs achieved most of the performance measures despite implementation challenges including confidentiality rules, provider engagement and consumers and state contracting issues. The two programs also had mixed success in improving emergency department visits and hospitalization rates yet hold promise for improving rates for this population. The evaluation report also includes lessons learned to help guide further integration efforts. The SMI Innovations Project Final Evaluation Report by Mathematica Policy Research can be found by entering "SMI Innovations Project Final Evaluation Report" in the search box at http://mathematica-mpr.com/.

Although the pilot program is completed, the work continues and additional opportunities for expansion are being explored and implemented. A recent grant received through the CVS Caremark Charitable Trust is being used to build on the achievements of Connected Care by targeting underserved members of UPMC for You and Community Care Behavioral Health with SMI residing in or near McKeesport, PA. "Connected Care McKeesport" is a collaboration of one major behavioral health provider and two primary care practices in this Allegheny County community. The goals of the initiative are: to increase enrollment in Connected Care by 200 members; to focus on the provider's perspective regarding the flow of information from health plans to providers and identify opportunities for increased coordination; and to improve transitions of care across inpatient and outpatient settings and between physical health and behavioral health providers.

Medicaid Reinstatement Possible for 100,000 Pennsylvanians

Approximately 100,000 individuals who lost Medical Assistance (MA) benefits in the last year for failure to provide verification information were recently sent a letter from the Department of Public Welfare (DPW) telling them how they may seek expedited reinstatement of their benefits. These letters (printed on **blue** paper) were sent in late October and early November as part of a settlement reached between DPW and Community Legal Services along with its law firm partner Morgan, Lewis & Bockius LLP.

As readers may recall, in July 2011 DPW announced it would be sending out redetermination packets to thousands of individuals who were overdue for a redetermination. During the last six months of 2011, legal service offices and community agencies saw a significant increase in individuals losing their MA due to a failure to return renewal forms and required verification.

Individuals receiving the blue letters were asked to complete a very simple 2-page form is and return it within 30 days along with copies of pay stubs (if anyone in the household works) as well as paid and unpaid medical bills incurred during the time they did not have Medical Assistance.

A central unit is handling the processing of these forms, **NOT** the local County Assistance Offices.

Decisions on eligibility will be made within 30 days unless more information is needed. A sample blue letter and reinstatement form, along with more information about this project, can be found on the Community Legal Services website at: http://www.clsphila.org/NewsItem.aspx?id=279.

Copyright © 2012 Pennsylvania Health Law Project

Happy Holidays from PHLP!

PHLP is a small non-profit law firm that stands by people in distress: people who did not do anything wrong but whose physical and mental well being is compromised. The services we obtain for our clients are important to people's well being, and provide peace of mind: the kind of peace we wish for anyone who needs medical care.

At the heart of PHLP are the 1.4 million Pennsylvanians who live without health coverage, and the hundreds of thousands of children and disabled adults in the Medicaid program. Their experiences and health care needs keep us grounded. We strive to help in every way we can. We've obtained health coverage for the uninsured, restored skilled nursing care for developmentally disabled children and adults, and advised low-income seniors confused about Medicare enrollment. It is a privilege to do this work.

Next year, PHLP will celebrate its 20th anniversary and Pennsylvania will begin to implement the Affordable Care Act. Please consider us when you are making any year-end contributions to charitable organizations and help us continue to advocate for the most vulnerable Pennsylvanians as our Commonwealth makes historic decisions about health law. Donations can be made by mail or by using our secure online form at www.phlp.org.

PHLP wishes you and your family a happy holidays and a healthy New Year!

Pennsylvania Health Law Project
The Corn Exchange
123 Chestnut St., Suite 400
Philadelphia, PA 19106