



ISSUE DATE January 14, 2015	EFFECTIVE DATE January 1, 2015	NUMBER 99-15-02
SUBJECT <i>Healthy PA Interim Healthy Benefit Plan</i>		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE

The purpose of this bulletin is to:

- advise providers of the interim Healthy benefit plan and scope of benefits the Department of Human Services (Department) implemented on January 1, 2015, as part of *Healthy PA*; and
- issue a revised Benefits Comparison Chart to include the interim Healthy benefits.

SCOPE

This bulletin applies to all Medical Assistance (MA) enrolled providers who render services to beneficiaries in the MA fee-for-service delivery system. Providers rendering services to beneficiaries in the MA managed care or Private Coverage Option (PCO) delivery systems should address any benefit or payment related questions to the appropriate managed care or PCO organization.

BACKGROUND/DISCUSSION

On December 12, 2014, the Department issued MA bulletin 99-14-10, “*Healthy PA Benefit Plans*”, which describes the new benefit plans under *Healthy PA*. As described in that bulletin, the benefit plans were to include two adult MA benefit plans called Healthy (low-risk) and Healthy Plus (high-risk) and the new PCO plan, all of which require approval by the Centers for Medicare and Medicaid Services (CMS) in order to be implemented. On December 17, 2014, the Department received approval from CMS for the Healthy Plus and PCO benefit plans. The Healthy benefit plan is still under review by CMS.

CMS advised the Department that individuals assigned to the Healthy benefit plan must receive current Medicaid benefits until such time as the Healthy benefit plan is approved. Therefore, effective January 1, 2015 and until CMS approves the Healthy

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benefit plan, the Department will apply the State's current categorically needy scope of benefits and limits and benefit limit exception (BLE) process as the interim Healthy benefit plan. A summary of the scope of benefits and limits available under the interim Healthy benefit plan is described in the Benefit Plan Comparison chart attached to this bulletin.

Under the interim Healthy benefit plan, providers shall continue to follow the BLE process described in their respective provider handbooks, available online at: <http://www.dhs.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillin gguides/index.htm>, as well as in MA bulletins 09-11-58, "Medical Assistance Pharmacy Benefit Package Change" and 27-11-47, "Medical Assistance Dental Benefit Changes." The BLE process described in MA bulletin 99-14-10, "*Healthy PA* Benefit Plans", will continue to apply for individuals eligible under the Healthy Plus benefit plan. You may view MA bulletins online at: <http://www.dhs.state.pa.us/publications/bulletinsearch/index.htm>.

PROCEDURE

Effective January 1, 2015, providers are advised to reference the "Healthy (Low-Risk Interim)" benefits described in the attached Benefit Plan Comparison chart when rendering services to individuals eligible under the Healthy benefit plan (HCBP 40). The Department will issue further instruction to providers via MA bulletin once the Healthy benefit plan is approved by CMS.

Providers are reminded to access the Eligibility Verification System (EVS) to verify beneficiary eligibility prior to rendering services. EVS has been updated to include PCO information. As with HealthChoices managed care eligibility, the PROMISE™ Provider Portal will return the plan name under the "Eligibility Summary" and "Eligibility Detail", but will also include "PCO" following the plan name.

Attachment: Benefit Plan Comparison chart