



ISSUE DATE April 28 , 2015	EFFECTIVE DATE April 27, 2015	NUMBER 99-15-05
SUBJECT Implementation of <i>HealthChoices</i> Medicaid Expansion		BY  Leesa Allen, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE

The purpose of this bulletin is to:

- Notify providers of the Commonwealth’s implementation of a traditional Medicaid Expansion, designated as the *HealthChoices* Expansion.
- Notify providers that the Department of Human Services (Department) has implemented a new Adult Benefit package for individuals 21 years of age and older, and to issue the new Adult Benefit Package Chart. (See Attachment).
- Inform providers of the phased approach the Department is taking to transition beneficiaries from the Private Coverage Option (PCO) to a HealthChoices Managed Care Organization (MCO).

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 MA MCO or PCO organization.

BACKGROUND/DISCUSSION

On February 9, 2015, Governor Wolf announced his intent to transition to a simplified, traditional Medicaid expansion plan. The Medicaid expansion plan will combine the three *Healthy PA* adult benefit plans into one Adult benefit package and involves a phased transition from PCO to HealthChoices MCOs.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

New Adult Benefit Package:

The Department implemented the new Adult benefit package on April 27, 2015. The Adult benefit package will provide the same level of coverage for all non-PCO enrolled eligible adults, ages 21 and older. Certain modifications were made to the Interim Healthy and Healthy Plus benefit plans to comply with the Essential Health Benefits requirement established under the Patient Protection and Affordable Care Act (ACA) and Federal mental health parity requirements for behavioral health services. The Adult benefit package also provides coverage of early and periodic screening, diagnostic and treatment (EPSDT) services for those ACA Newly Eligible Adult Group members less than 21 years of age, in compliance with Federal Medicaid requirements. The key modifications related to the new Adult benefit package include the following:

- The removal of the inpatient rehabilitation hospital limit of one admission per year.
- The removal of the inpatient psychiatric hospital limit of 30 days per year.
- The removal of the six prescription drug limit per month.
- The removal of outpatient psychiatric and drug and alcohol treatment limits.

On March 19, 2015, the Department posted a public notice titled *Transition to Traditional Medicaid Expansion*, announcing the transition to the new Medicaid expansion, on the *HealthChoices* website. On March 28, 2015, the public notice was also published to the *Pennsylvania Bulletin*. You may view the public notice online at: <http://www.pabulletin.com/secure/data/vol45/45-13/567.html>

Phased Transition:

The transition of PCO enrollees, from PCO plans to HealthChoices MCOs, is occurring in two phases.

Phase 1:

Beginning April 27, 2015:

- Individuals who were enrolled in the MA program anytime in December 2014, and were enrolled with a PCO plan, will transition from their PCO plans to a HealthChoices physical health (PH) and behavioral health (BH) Managed Care Organization (MCO), with enrollment beginning by June 1, 2015. During this phase individuals will continue to receive their healthcare coverage through their PCO plan through May 31, 2015. However, with implementation of the new Adult

benefit package on April 27, 2015, they will also be eligible to receive additional MA benefits not covered by their PCO plan, such as non-emergency medical transportation and dental services, under the Department's Fee-For-Service delivery system

- New applicants will no longer be enrolled in the PCO; they will be enrolled in HealthChoices PH and BH MCO's according to current HealthChoices enrollment processes and MCO effective date rules.

Phase 2:

Beginning July 28, 2015:

- All remaining PCO enrollees will transition from the PCO plans to *HealthChoices* PH and BH MCOs. During this phase, individuals will continue to receive their healthcare coverage through their PCO plan through August 31, 2015. Similar to Phase 1, these individuals will also be eligible to receive additional MA benefits that are part of the Adult benefit Package under the Department's Fee-For-Service delivery system until their HealthChoices MCO coverage begins.

PROCEDURE

Effective April 27, 2015, the Department implemented the new Adult benefit package for non-PCO enrolled individuals 21 years of age and older. This change is reflected in the Eligibility Verification System (EVS). You may review *Understanding the Eligibility Verification System* by visiting http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_169643.pdf , for additional information regarding EVS.

- The Department is processing all claims with dates of service prior to April 27, 2015, against the correct benefit package (either the Interim Healthy or Healthy Plus) based on the beneficiary's benefit indicator on that date of service.
- All inquiries for non-PCO enrolled individuals for a date of service on or after April 27, 2015, will be returned showing the Adult benefit package indicator, HCB50.
- All claims for non-PCO enrolled individuals will be processed against HCB50 for dates of service on or after April 27, 2015.
- Beneficiary claims will be processed under the Fee-For-Service delivery system until the effective date of their MCO coverage.

Providers are reminded to reference the MA Program Fee Schedule. All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated. You may access the fee schedule at:

<http://www.dhs.state.pa.us/publications/forproviders/schedules/mafeeschedules/outpatientfeeschedule/index.htm>

You may view the Adult benefit package and other helpful information by visiting the *HealthChoices* website at: <http://www.healthchoicespa.com/>

You may view the transition plan at:
http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_152246.pdf

ATTACHMENT: Adult Benefit Package Chart

Adult Benefit Package*

Services	Adult Benefit Package
Category 1: Ambulatory Services	
Primary Care Provider	No limits
Physician Services and Medical and Surgical Services provided by a Dentist	No limits
Certified Registered Nurse Practitioner	No limits
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below
Independent Clinic	No limits
Outpatient Hospital Clinic	No limits
Podiatrist Services	No limits
Chiropractor Services	No limits
Optometrist Services	2 visits (exams) per calendar year
Hospice Care	The only key limitation is related to respite care, which may not exceed a total of 5 days in a 60-day certification period.
Radiology (For example: X-Rays, MRIs, CTs)	No limits
Dental Care Services	<p>Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation.</p> <p>Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception</p>
Outpatient Hospital Short Procedure Unit (SPU)	No limits
Outpatient Ambulatory Surgical Center (ASC)	No limits
Non-Emergency Medical Transport	Only to and from MA covered services.
Family Planning Clinic, Services and Supplies	No limits
Renal Dialysis	<ul style="list-style-type: none"> Initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility limited to no more than 75 per calendar year
Category 2: Emergency Services	

Services	Adult Benefit Package
Emergency Room	No limits
Ambulance	No limits
Category 3: Hospitalization	
Inpatient Acute Hospital	No limits
Inpatient Rehab Hospital	No limits
Inpatient Psychiatric Hospital	No limits
Inpatient Drug & Alcohol	No limits
Category 4: Maternity and Newborn	
Maternity – Physician, Certified Nurse Midwives, Birth Centers	No limits
Category 5: Mental Health and Substance Abuse (Behavioral Health)	
Outpatient Psychiatric Clinic	No limits
Mobile Mental Health Treatment	No limits
Outpatient Drug and Alcohol Treatment	No limits
Methadone Maintenance	No limits
Clozapine	No limits
Psychiatric Partial Hospital	No limits
Peer Support	No limits
Crisis	No limits
Targeted Case Management – other than Behavioral Health	Limited to individuals identified in the target group (No limits)
Targeted Case Management – Behavioral Health Only	Limited to individuals with SMI only (No limits)
Category 6: Prescription Drugs	
Prescription Drugs	No limits
Nutritional Supplements	No limits
Category 7: Rehabilitation and Habilitation Services and Devices	
Skilled Nursing Facility	365 days per calendar year
Home Health Care Includes Nursing, Aide and Therapy services	Unlimited for first 28 days; limited to 15 days every month thereafter
ICF/IID and ICF/ORC	Requires an institutional level of care (No limits)

Services	Adult Benefit Package
Durable Medical Equipment	No limits
Prosthetics and Orthotics	Orthopedic Shoes and Hearing Aids are not covered. Coverage for low vision aids is limited to 1 per 2 calendar years. Coverage for an eye ocular is limited to 1 per calendar year.
Eyeglass Lenses	Limited to individuals with aphakia 4 lenses per calendar year
Eyeglass Frames	Limited to individuals with aphakia 2 frames per calendar year
Contact Lenses	Limited to individuals with aphakia 4 lenses per calendar year
Medical Supplies	No limits
Therapy (Physical, Occupational, Speech)- Rehabilitative	Only when provided by a hospital, outpatient clinic, or home health provider
Therapy (Physical, Occupational, Speech)- Habilitative	Only when provided by a hospital, outpatient clinic, or home health provider
Category 8: Laboratory Services	
Laboratory	No limits
Category 9: Preventative / Wellness Services and Chronic Care	
Tobacco Cessation**	70 visits per calendar year

All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated on the Medical Assistance Fee Schedule.

*** Children's benefit plan will include all medically necessary services without limitation.**

**** Tobacco cessation is one of the preventative services as recommended by the US Preventative Services Task Force. For a full listing of preventative services beyond tobacco cessation, please contact your MCO.**