



PA Medical Assistance

**Bureau of Managed Care
Operations**

**Division of Quality & Special
Needs Coordination**

Medical Assistance - HealthChoices

The Office of Medical Assistance Programs administers the joint state/federal Medical Assistance (also known as Medicaid) program that purchases health care for over 2.8 million Pennsylvania residents.

Local [County Assistance Offices](#) determine eligibility for Medical Assistance. Individuals who are eligible for Medicaid will be asked to enroll in a managed care plan.

Medical Assistance purchases services through contracts with managed-care organizations and under an indemnity, or traditional, fee-for-service system.

Medicaid that is delivered via managed care organizations is called the HealthChoices Program (HC).

Applying for Benefits

- **Online** - using the [COMPASS](https://www.compass.state.pa.us/Compass.Web/public/cmphome) website

<https://www.compass.state.pa.us/Compass.Web/public/cmphome>

- **Paper Application** - Download the paper application and mail it to your local county assistance office
- **In Person** - Visit your local [county assistance office](#) and apply in person

Pennsylvania HealthChoices Program

The vast majority of eligible Medicaid recipients under age 21 are covered by the HealthChoices Managed Care program for Medicaid.

Fee For Service (FFS)

There are a few categories of MA recipients under age 21 covered under the PA Fee For Service program:

MA recipients enrolled in the Health Insurance Premium Payment (HIPP) Program

MA recipients who have Medicare in addition to Medicaid. This Medicaid population is many times referred to as “Dual Eligible.” However, it should be noted that in cases where the recipient is under age 21 years they will remain in managed care until their 21st birthday at which point they will transition to secondary coverage under FFS.

Those who live in Skilled Nursing Facilities, or State run facilities

HealthChoices PH-MCO by zone

SE zone

Aetna Better Health
Health Partners Plans
Keystone First
UnitedHealthCare Community Plan

Lehigh/Capital Zone

Aetna Better Health
AmeriHealth Caritas PA
Gateway Health Plan
UnitedHealthCare Community Plan
UPMC for You, Inc. *
*(University of Pittsburgh Medical Center)

SW Zone

Gateway Health Plan
UnitedHealthCare Community Plan
UPMC for You, Inc.
Aetna Better Health

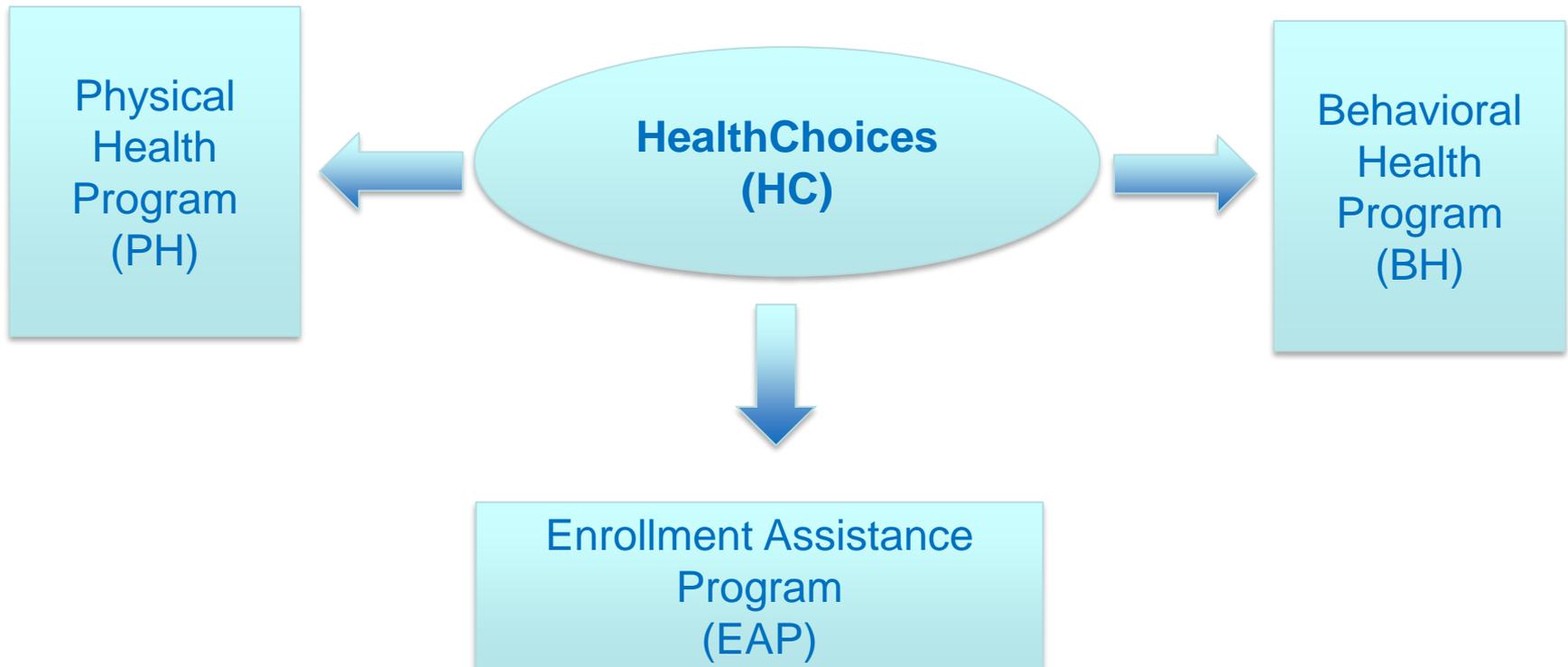
NW Zone

AmeriHealth Caritas PA
Gateway Health Plan
UPMC for You, Inc.
Aetna

NE Zone

AmeriHealth Caritas North East
Geisinger Health Plan Family
Aetna Better Health

Main Components



Physical Health

Choice of Physical Health Plans

Choice of Primary Care Physician/Practitioner (PCP)

At a minimum, MCO's must provide in the amount, duration, and scope set forth in the MA Fee-for-Service (FFS) Program

PH-MCO Member Services

- Member Services Department
- Member handbook includes information on:
 - Services
 - Special Needs Units
 - Transportation
 - Complaints/Grievances/Appeals
- Member hotline (24/7)
- Member education and outreach
- Coordination of care

HealthChoices Program Design

Inclusion of persons with special needs

Help to Overcome Obstacles

Provide Assistance with Navigating MCOs

Special Needs Component Created

DEFINITION OF A SPECIAL NEED

Non-categorical. Anyone who thinks they have a special need can be directed to contact the special needs unit

Short term

Long term

Intellectual Disability

Pregnant Woman

HIV/AIDS

Brain Injury

Social Issues

Behavioral Health

Special Need does not necessarily need to be directly related to physical or mental health needs. Any member can self identify as having a special need.

HealthChoices Program Design

The Special Needs Units were established

The Department of Human Services Bureau of Managed Care Operations
(DHS – BMCO)

Enrollment Assistance Program (EAP) for enrollment & changes in HC
Member's Managed Care Organization (MCO)

Special Needs Unit within each Physical Health MCO (PH-MCO)

DHS' Special Needs Unit

- Oversight and Coordination with the MCO Special Needs Unit
- Management and facilitation of the EPSDT Age Out Process and Complex Care Process
- SN Staff are each assigned as the direct contact between the Department and the PH-MCO's Special Needs Unit Coordinator

Working together to serve HealthChoices Members

DHS Special Needs Staff

Jeffrey Brannon	UnitedHealthcare Community Plan & Health Partners Plans
Maxine Bachman	Keystone First
Julie Escobar	Gateway Health
Lauren Miller	AmeriHealth Caritas PA & AmeriHealth Caritas NE, Aetna Better Health
Jeanne Funk	UPMC for You, Inc. & Geisinger Health Plan Family

PA Enrollment Program

PA Enrollment Services (Maximus)

1-800-440-3989

Website:

www.enrollnow.net

MCO Special Needs Units

- Each physical health managed care organization has a Special Needs Unit (SNU), stand alone or contained within their Integrated Care Management Unit
- Designated Special Needs Unit Coordinators
- Experienced Special Needs Unit Staff
- Dedicated Special Needs Hotline Numbers

SPECIAL NEED UNITS

ASSIST MEMBERS

Navigate the Physical Health Managed Care Organization (PH-MCO)

Access Timely & Effective Services

Care Coordination

MCO Special Needs Units

Assisting members in accessing care & services

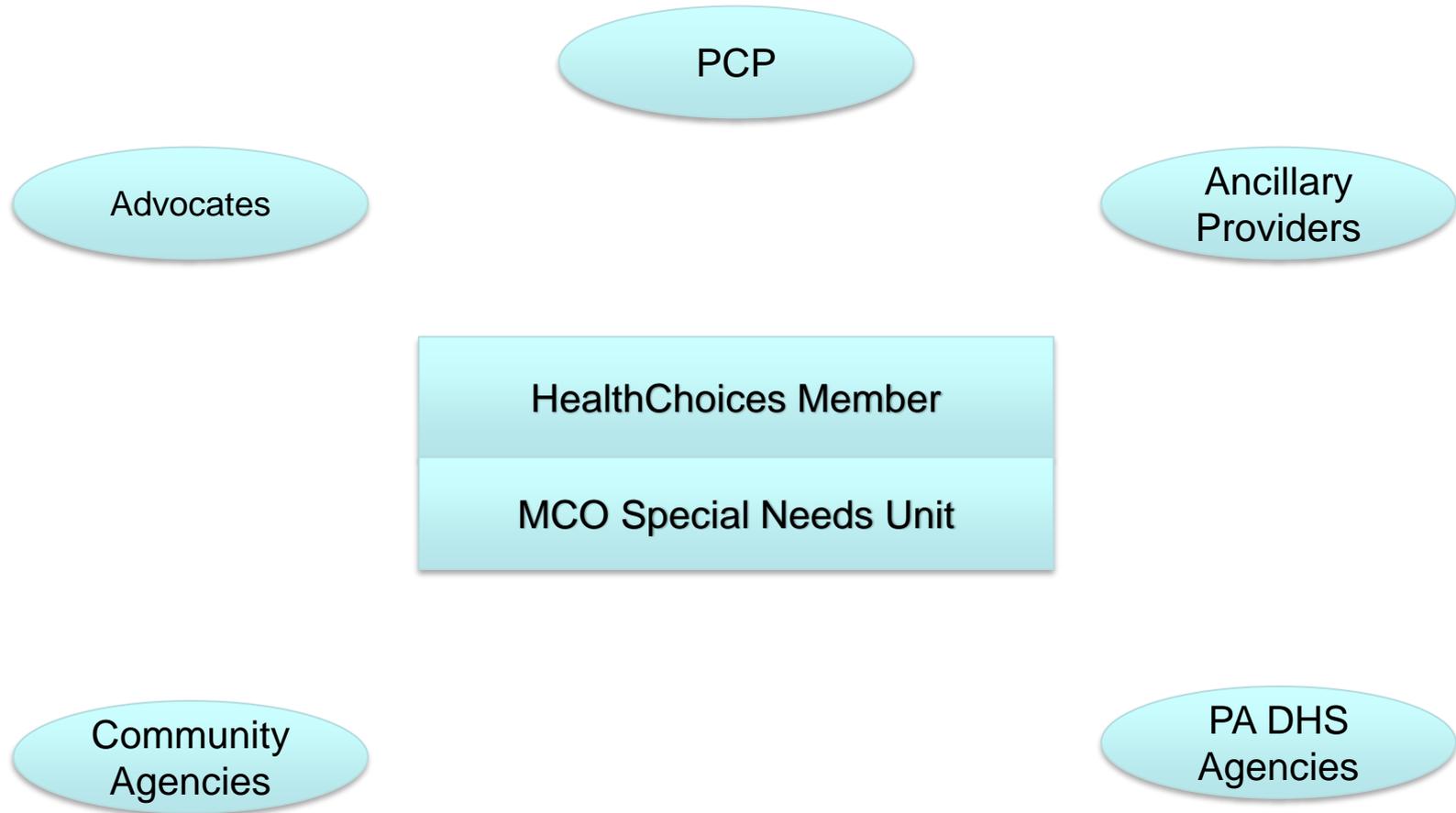
Selection of a Primary Care Practitioner (PCP)

Identifying non-MA Resources

Complaint and Grievance procedure

Transition to Home and Community based Waiver services

Special Needs – Member Centric



EXAMPLES OF SNU ACTIVITIES

- Home Visits
- Specialist as PCP Requests
- Individual Case “Interagency” Meetings including IEP development participation
- 3-Way calls with PCP
- Coordinate with ancillary providers
- Assist with obtaining referrals – medical, legal, other

Examples of MCO Special Needs Coordination

- Behavioral Health MCOs
- Other Physical Health MCOs & their Special Needs Units
- Medical Assistance Transportation Program
- Home and Community Based Services Waivers
- DHS Special Needs Staff
- Community Based Agencies
- Public Health Departments
- PA Government Agencies
- Other state, county and local agencies
- Waiver Providers
- Community Resources

Coordination within the MCO

- Member Services
- Provider Relations
- Pharmacy Services
- Disease Management
- Utilization Management/Quality Management

▶ HealthChoices Special Needs Units Phone #s

Aetna Better Health	1-855-346-9828
AmeriHealth Caritas PA	1-800-684-5503
AmeriHealth Caritas Northeast	1-888-498-0766
Geisinger Health Plan Family	1-855-214-8100
Gateway Health	1-800-392-1147
Health Partners Plans	1-866-500-4571
Keystone First Health Plan	1-800-573-4100
UnitedHealth Care Community Plan	1-877-844-8844
UPMC for You, Inc.	1-866-463-1462

Special Needs Units Make a Difference

ONE PERSON AT A TIME

Each individual's coordination needs and challenges are unique and they deserve the individualized attention necessary in order for those needs to be met.

This is the role of our Special Needs Units



**Medical Assistance EPSDT Services
and
the ODP Home and Community Based Waivers**

EPSDT

Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) is the child health component of Medicaid. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to **EPSDT** benefits and that States must cover a broad array of preventive and treatment services.

Early & Periodic Screening, Diagnostic, & Treatment

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

HC Definition of Medically Necessary

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Expanded Services Under EPSDT

Expanded Services — Any Medically Necessary service, covered under Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., but not included in the State's Medicaid Plan, which is provided to Members.

EPSDT Covered Services must be utilized prior to waiver services

Medical Assistance Services including EPSDT services **MUST** be accessed prior to Waiver services. For those **under 21**, these services can include:

- **SHIFT** Home Health Services (if not defined as Respite services)
- Durable Medical Equipment
- Any other medically necessary services

Home Shift Care services are only covered under EPSDT. Members “age out” of these services at age 21 and must be transitioned to Home and community based waivers at that time.

Home health visits for a specific defined medical procedure are covered past age 21. For example: Post surgery wound care.

Post Age 21 Request for Shift Care Services

Requests for Waiver Coverage of home health shift care services after age 21, should **NOT** require a denial letter from MA, as it is **NOT** a covered benefit.

ODP inquiries to the MCO's

Questions regarding Waiver versus MA Coverage should be directed to the MCO Special Needs Units.

These numbers are provided on slide 24.

HealthChoices Managed Care Special Needs Units are able to work directly with Support Coordinators and county ID offices

DHS Collaboration with the Waiver Programs

- An integral part of the “Age Out” process is the role of the Resource Facilitation Team. The RFT is the determining body for which waivers best seem to meet the member’s needs and the program offices responsible for coordination of that waiver. The RFT is co-chaired by representatives from the Office of Medical Assistance (OMAP), the Office of Development Programs (ODP), the Office of Long Term Living (OLTL), and the Bureau of Fee for Service Programs (BFFSP).
- The RFT meets on a monthly basis to discuss members who are concern cases and those approaching “Age Out” in order to ensure they transition to an appropriate waiver upon their 21st birthday.
- The process continues to be a coordinated effort involving the RFT members in addition to the MCO’s, Services Coordinators, providers and other community partners as appropriate until and sometimes beyond the members 21st birthday.

DHS & ODP Chain of Communication

DHS Special Needs Unit



ODP Bureau of Supports for Persons with an Intellectual Disability



ODP Virtual Team

Bureau of Managed Care Operations

Contact Us:

Division of Quality &
Special Needs Coordination

Bureau of Managed Care Operations
717-772-6300

Katrina Becker
DHS Special Needs Unit Supervisor
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kbecker@pa.gov