

PENNSYLVANIA MEDICAID FACTS

Who is covered in Pennsylvania's Medicaid Program?

ELIGIBILITY GROUPS

FFS¹⁻³ MCO^{4, 5}

Undocumented





mmigrants

Current & Former
Foster Care Children

Incarcerated**



Parents and other Caretaker Relatives



Pregnant Women



Aged, Blind, and Disabled Adults



Disabled Children



Qualified



Non-Citizens*



Dual Eligibles



Newly Eligible Adults



Intellectual and Developmental



American Indians/ Alaskan Natives

- * Qualified non-citizens are subject to a 5-year waiting requirement, except for children up to 19 years of age.
- ** Inpatient hospital services only.
- + Emergency Medicaid services only.

How has Pennsylvania's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS 10

Pennsylvania Medicaid Coverage for Former Foster Care
Youth from a Different State waiver was created to continue
coverage for former foster youth from other

states up to age 26 and up to 133% of the federal poverty level (FPL). The waiver was approved on 09/29/2017. An amendment was submitted on 03/28/2018 to expand SUD treatment resources and is pending approval, as of June 2018.

Status: Pending approval

Important News

August 2016 - Pennsylvania agrees to begin Community
HealthChoices managed care with three managed care
organizations (AmeriHealth Caritas, Pennsylvania Health and
Wellness, and UPMC for You). HealthChoices combines physical
health with long-term services and supports (LTSS) for dual
eligibles. 6

January 2017 - Pennsylvania decides to try a new payment model using money from Centers for Medicare and Medicaid Services for rural hospitals. Previously, the hospitals were being reimbursed per service, a system that was putting most rural facilities into debt, as they had an insufficient number of patients. Now the hospitals will be paid a capitated amount per month.⁷

January 2017 - Pennsylvania's General Assembly debates changes to the state's Medicaid program. One proposed change would be work requirements for able-bodied adults, "locking in" enrollees in their managed care organizations, and requiring families with a disabled child whose income is at or above 1,000% of the federal poverty level (FPL) to pay a premium.⁸



Medicaid Medical Director's Network

Pennsylvania launched the implementation of an integrated care program focused on individuals with persistent serious mental illnesses.

Pennsylvania implemented 45 centers of excellence focused on treatment of those with opioid use disorder.

Pennsylvania implemented a statewide hospital pay-for-performance program focused on preventable admissions.

Do Medicaid health plans provide coverage? 9



YES



NC

- AmeriHealth Caritas Pennsylvania
- AmeriHealth Northeast
- Gateway Health
- Geisinger Health Plan
- Health Partners Plans
- UnitedHealthcare Community Plan of Pennsylvania
- Keystone First
- UPMC for You, Inc.
- Aetna Better Health





PENNSYLVANIA MEDICAID FACTS

How is Pennsylvania meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Pennsylvania's **patient-centered medical home** (PCMH) is a team-based model of care led by a personal, primary care physician who provides continuous and coordinated care throughout a patient's life. The goals of the program include:¹¹

- Treating the whole patient
- Quality and safety

- Coordinated care
- Reducing health disparities
- Fostering patient-physician relationships

Pennsylvania has 10 hospital/physician **Accountable Care Organizations** (ACOs) across the state. The 10 ACOs include: Keystone ACO, Renaissance Health Network, Abington Health, Children's Hospital of Philadelphia, Penn Medicine, WellSpan Health, Accountable Care Organization of PA, Humana's Accountable Care Continuum, and the latest addition, Penn State Health Care Partners. The objective of these ACOs is to promote coordinated care in order to ensure that patients, especially the chronically ill, get the right care at the right time. The objective of the second state of the right time.

Beginning in 2017, Pennsylvania began developing the specific strategies for episode-based payments and deployment. The state's goals include: 14

- Adopting a common approach for episode-based performance measurement.
- Encouraging the use of episode-based reporting to influence referrals for elective care.
- Identifying select regions and/or clinical episodes where payers may shift to episode-based payments.
- Developing an episode-based payment charter and roadmap to implementation.



Women's Health

Pennsylvania's state Medicaid program covers eligible pregnant women up to 220% of the federal poverty level (FPL), from confirmation of the pregnancy by a clinician through 60 days postpartum. 16 Services include:

- Full medical coverage
- Prenatal care
- Early detection and treatment of health problems

The Breast and Cervical Cancer Prevention and Treatment Program (BCCPT offers full health benefits to women who have breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Services include those related and unrelated to the condition.¹⁷ The HealthyWomer Program aids women ages 40-64 to receive early detection tests.

Women can also obtain information on how to register with the BCCPT Program HealthyWomen provides the following



- Mammograms

- Clinical breast and pelvic exams
- Pap tests

Mental Health and Substance Use Disorder

Medicaid enrollees in the state of Pennsylvania are automatically enrolled in their local **HealthChoices behavioral health program.**¹⁸ Behavioral Health MCOs are required to provide access to diagnostic, assessment, referral, and treatment services. Other services include:¹⁸

- Case management
- Home visit
- Covered drug therapies are determined county-by-county.
 These are the prescriptions covered in most counties: methadone naloxone, naltrexone, and disulfiram.¹⁹
- 24-hour phone accessibility
- Laboratory services
 - Inpatient and outpatient hospital services

Family Planning¹⁵

Pennsylvania's family planning state amendment covers men and non-pregnant women who are otherwise not covered by Medicaid with incomes up to 220% of the federal poverty level (FPL). Covered family planning services include:

- Office visits to family planning health care providers for evaluation, follow-up, and referral to other health care providers as necessary
 - A typical family planning office visit for women may include a pelvic exam; screenings for breast and reproductive cancers; screening for high blood pressure, anemia, and diabetes; tests for sexually transmitted diseases, including HIV; counseling about a woman's plans for pregnancy; and, if appropriate, a prescription for contracention.
 - A typical family planning office visit for men may include testing and treatment for STDs and condoms for prevention, HIV testing and prevention education, testicular exams and education about testicular cancer, and information on safe and effective contraception
- Counseling from health care providers regarding pregnancy to prepare for pregnancy, to prevent unintended pregnancies, and to enable individuals to control the timing and spacing of pregnancies
- Initiation and management of contraception, including male and female sterilization
- Birth control supplies and medications
- Prevention of sexually transmitted diseases (STDs) with vaccine and condoms
- · Treatment of STDs through medications and/or procedures
- Laboratory services for the screening of STDs, HIV (the virus that causes AIDS), anemia, sickle cell disease, and pregnancy
- Screening and education regarding breast, reproductive, and testicular cancer
- Counseling regarding smoking cessation



Oral Health²⁰

Pennsylvania's Medicaid state program, the Medical Assistance Program, covers all medically necessary dental services for its beneficiaries under 21 years of age. Enrollees older than 21 are eligible for limited services, including diagnostic and preventive services once every 180 days. Enrollees can use an approved benefit limit exception if they require more than the minimum services. Individuals in nursing, ICF-MR, or ICF/ORC facilities are eligible for the same services as eligible adults. Services include:

- Exams
- X-rays
- Preventative services
- Restorations (amalgam and composite)
- Extractions
- Other oral surgeries
- Complete and partial dentures (once per lifetime)
- Palliative treatment







Timeline

Federal Pennsylvania President Johnson signs Social Security 1965 Amendments of 1965, creating Medicaid as public health program for the poor. Early and Periodic Screening, Diagnosis, 1966 Pennsylvania adopts the Medicaid program.²¹ and Treatment (EPSDT) services are a requirement 967 for children enrolled in Medicaid. Supplemental Security Income (SSI) Pennsylvania begins a comprehensive risk-based program becomes Medicaid eligibility category 1972 managed care program for Medicaid enrollees in for the elderly and persons with disabilities. certain counties. 22 Home and Community-Based Services (HCBS) 1981 waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments. Children and pregnant women 1984 become mandatory Medicaid eligibility groups. Children up to age 6 and pregnant women 1989 up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002. Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) Pennsylvania introduces the managed care program created; states now have option to provide coverage HealthChoices, with mandatory enrollment for most 1997 for uninsured children in low-income families Medicaid enrollees. The program provides coverage 1997 above FPL. for acute, primary, and some specialty care services, as well as oral health.²² Olmstead decision allows expanded HCBS coverage for persons with disabilities. Pennsylvania creates the ACCESS Plus program, a primary care case management program for 2005 enrollees who do not voluntarily choose a HealthChoices managed care organization (MCO).²² Pennsylvania begins requiring mandatory enrollment in the HealthChoices MCO program and phases out the ACCESS Plus program.²² Affordable Care Act (ACA) expands Medicaid eli-2010 gibility to adults with incomes up to 138 percent FPL. Pennsylvania authorizes Medicaid expansion to National Federation of Independent Business cover eligible adults up to 138% of the federal 2012 2012 v. Sebelius decision makes Medicaid poverty level (FPL).23 expansion optional for states. After the Medicaid expansion, enrollees transition to HealthChoices, as do enrollees who were already covered by Pennsylvania Medicaid prior to the expansion.²³ ACA implementation begins. 2014 2015 Pennsylvania maintains behavioral health carve-outs but 2016 focuses on addressing integration by requiring a care plan that integrates physical and behavioral health 32 states and the District of Columbia (DC) MCOs.24 2017 have expanded Medicaid since passage of the ACA.

