Healthy PA
PROMISe™ and EVS Changes Training

December 2014 – January 2015

Provider Training

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Acronyms and Terms

Term	Definition
Clinical Validation	A medical evaluation of the Health Screening result.
Consumer Service Center	Also known as the PA Consumer Service Center. Call center that allows applicants and recipients to complete and submit applications or the health screening over the phone by calling 1-844-290-3448.
Encouraging Employment	A voluntary, one-year pilot to encourage individuals receiving health care from the Department of Human Services to become more financially independent.
Federally-Facilitated Marketplace (FFM)	Federally-Facilitated Marketplace for Private Insurance is an online option for individuals to buy health Insurance.
HealthChoices	Mandatory Managed Care Program (MCO) that provides both physical and behavioral health services.
Health Screening	Refers to both a software tool and the process of an individual answering/completing health-related questions to assist in determining the individual's medial need for health care benefits.
Healthy	Benefit package assigned to individuals who do not have complex health needs and are eligible for Traditional MA.

Acronyms and Terms

Term	Definition
Healthy Plus	Benefit package assigned to individuals who have complex health needs and are eligible for Traditional MA.
Healthy PA Newly Eligible	Adults, aged 19 through 64, whose household income is at or below 133% of the applicable Federal Poverty Level (FPL).
NCE	Non-Continuous Eligibility
Non-Passive Enrollment	Refers to actions taken manually by a caseworker to enroll an individual into a benefit package based on a review of case and claims data, health screening results or clinical validation.
Not Screened High	Result from the Health Screening process showing that an individual does not have a more complex health need.
PCO	Private Coverage Option. Individuals age 21 through 64 with income at or below 133% FPL who do not have complex medical needs and do not qualify for Traditional MA program are assigned to a Private Coverage Option.
Screened High	Result from the Health Screening process showing that an individual may have a more complex health need.

Acronyms and Terms

Term	Definition
Sister Plan	Plans offered by Managed Care and Private Coverage Organizations that are equivalent or similar, and through the same health insurance provider, if available.
Traditional MA (TMA)	Describes any MA category that is not PCO. This includes Affordable Care Act (ACA) related and *Healthy PA* categories.
Transition	The process of converting recipient on November 30, 2014 to *Healthy PA* categories, PSC's and benefit packages, effective January 1, 2015.

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Objectives

Training session focus:

1. **What is the *Healthy PA* Program*?***

2. **What are the impacts to health care access, services and recipients in Pennsylvania's Medicaid (MA) Program?**

3. **What types of changes are being made to the current MA program, processes and systems?**

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Training Topics

- ***Healthy Pennsylvania* Program / *Healthy PA* / *HPA* Overview**
  - Terms & Acronyms
  - Implementation Phases and Timelines
- **Program Structure and Coverage Changes**
  - Eligibility, Health Care Benefit Packages (HCBPs) and Service Programs
  - Traditional Medicaid (TMA) Options: Fee-for-Service (FFS) and Managed Care (MCO)
  - The New Private Coverage Option (PCO)
  - Covered Services, Benefit Limits, Benefit Limit Exceptions (BLE)
- **Eligibility Verification System (EVS) Changes**
- **Resources available**

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Training Topics cont.

Training session will identify and explain:

- The Program Components
- Implementation Activities
- Consolidation from 15 to 6 HCBPs *(Select Plan for Women HCB15 extended only until 6/30/2015)
- How Eligibility and Service Programs are determined
- The difference between the three Delivery Options
- New Eligibility Groups, Category of Assistance (Category) and Program Status Codes (PSC) Changes
- New HCBPs
- Discontinued HCBPs and what happens to recipients who were in those packages
- The Introduction of Special Programs and Incentives – Annual Wellness Visits, Health Screenings, and Copayments
- How these changes are reflected in EVS

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HEALTHY PA OVERVIEW

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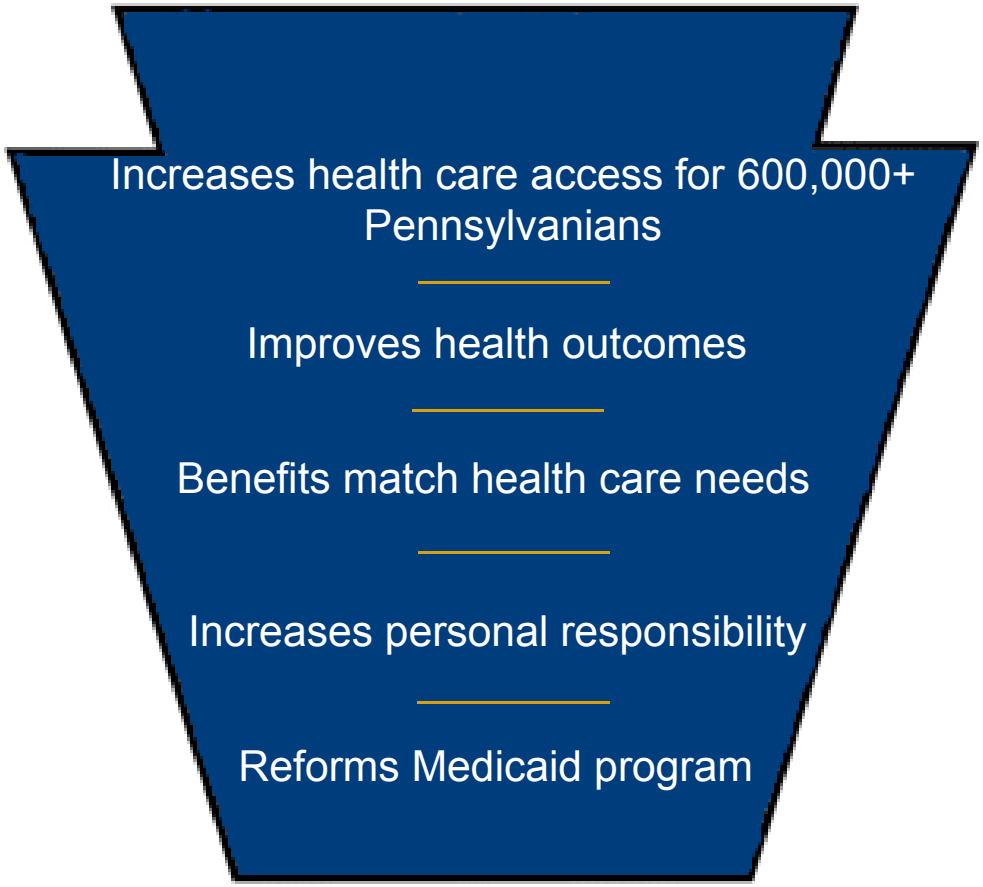
Healthy Pennsylvania at a Glance



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Healthy PA Overview

What is Healthy PA?

- Pennsylvania specific Section 1115 Medicaid Demonstration waiver (1/1/2015 through 12/31/2019)
- Approved by Centers for Medicare and Medicaid Services (CMS) on 8/28/2014

Goals

- **Increases Health Care Access to 600,000 or more adult Pennsylvanians**
  - Quality, Affordable
  - Newly Eligible Individuals with Income less than or equal to 133% Federal Poverty Level (FPL)

- **Encourages Healthy Behaviors and Outcomes**
  - Can lower costs with no interruption in care

- **Matches Benefits to Health Care needs**

- **Increases Personal Responsibility**

- **Reforms the current MA program**
  - Structure Consolidates HCBPs
  - Delivery Offers new Private Coverage Option (PCO)
  - Services
  - Limits

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Implementation Phases

Demonstration Year 1 begins on 1/1/2015

- Structure
- Coverage
- Benefits
- Special Programs – Health Screening

Demonstration Year 2 through 5 begins on 1/1/2016 through 12/31/2019

- Coverage
- Benefits
- Special Programs – Cost-Sharing Incentives

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Recipient Transition Timeline

11/3/2014
Pre-Transition Activities

- Letter sent to recipients changing packages
- Letter sent to recipients in discontinued plans
- If transitioning to Healthy or PCO package, includes invitation to complete health screening

11/30/2014
Transition Activities

- Notices of Transition mailed
- State discontinued programs (General Assistance (GA) and certain Medically Needy Only (MNO) programs) close effective 12/31/2014

1/1/2015
Healthy PA Effective

- Effective date of new MA and PCO packages

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Options for Applying for Benefits

There are four ways to apply for health care!

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Applying for Benefits

- **COMPASS**
  - Submit applications directly to DHS on-line through COMPASS
    - https://www.compass.state.pa.us/compass.web/CMHOM.aspx
- **Consumer Service Center**
  - Call the Consumer Service Center
    - 844-290-3448
- **County Assistance Office (CAO)**
  - Apply in person at the CAO
- **Paper Application**
  - Submit paper application, such as the PA 600 HC
- **FFM – Federally-Facilitated Marketplace**
  - Apply at the FFM
  - Note: If the FFM determines they are potentially eligible for benefits in Pennsylvania, the application is transferred to DHS through the same process as it is today

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STRUCTURE AND COVERAGE CHANGES

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Authorizing Eligibility

County Assistance Office

Traditional Medicaid Coverage
- Fee-for-Service
- HealthChoices MCO

Healthy PA Medicaid Coverage

Private Coverage Option

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New Eligibility Groups

There are two new eligibility groups

The first group contains….

→ Childless adults with income less than or equal to 133% of the applicable federal poverty level (FPL)

The second group contains…

→ Parents and designated caretakers and individuals ages 19 and 20 with income between 44% and 133% of the applicable federal poverty level (FPL)

Criteria

Between age 19 and 64
Are not already receiving MA
Were not eligible under the old eligibility rules

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Discontinued Programs

- Three programs are eliminated with the transition to *Healthy PA*
  - **General Assistance (GA) MA**
  - **Some Medically Needy Only (MNO) Categories**
    - Individuals in the GA and MNO categories will be transitioned to new *Healthy PA* categories and program status codes
  - **SelectPlan for Women**
    - Notify women who are enrolled the program is ending
    - Invite women to reapply for full eligibility determination
    - September 30th was the last day applications were accepted
    - No renewals beginning in November
    - Authorize Non-Continuous Eligibility(NCE) 1/1/2015 to 06/30/2015

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Benefit Package Structure

Consolidated Benefit Package Structure

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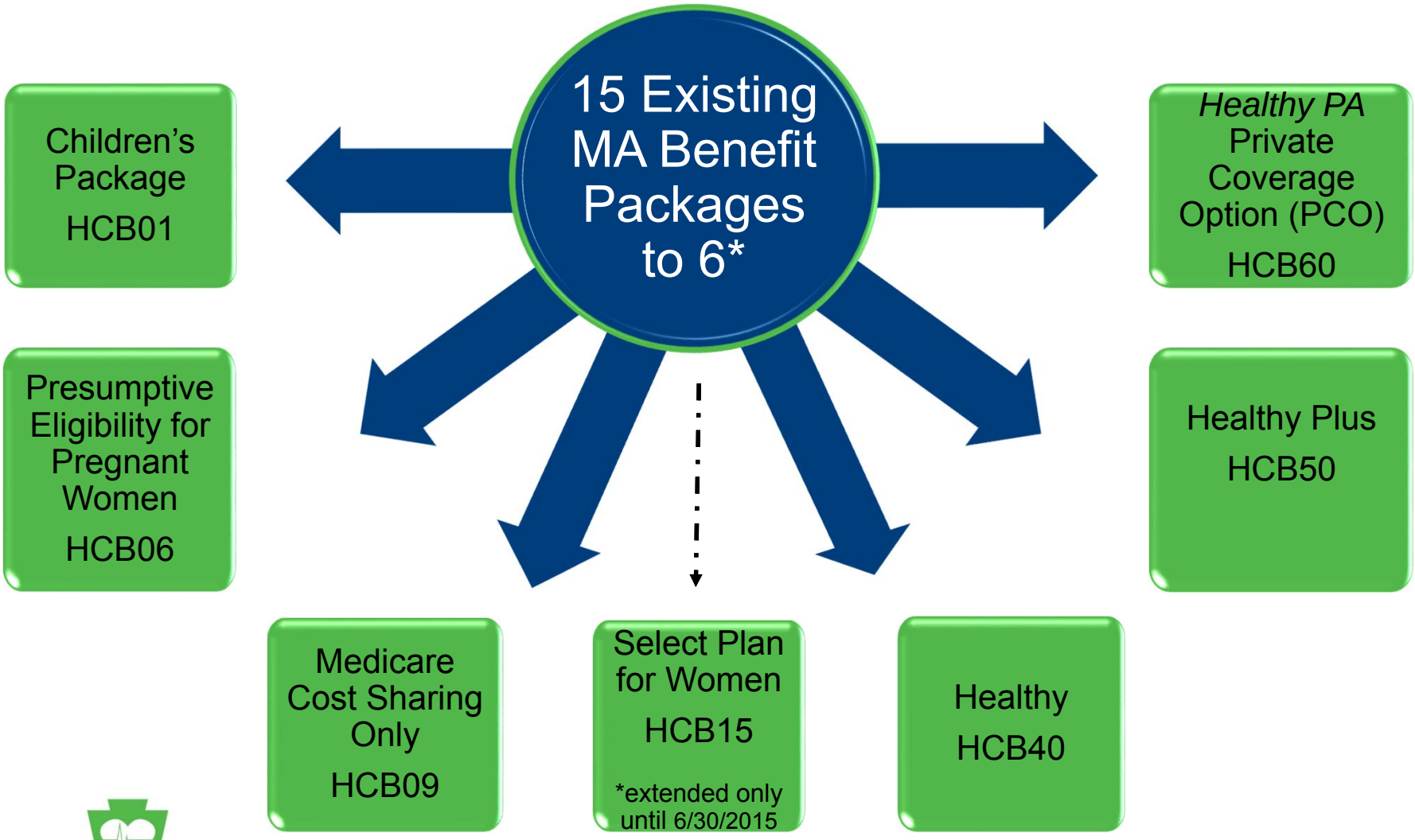
Benefit Package Consolidation



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Benefit Package Crosswalk

Former Benefit Package #	Benefit Package Description	*HPA* Benefit Package Mapping Name	*HPA* Benefit Package #
HCB01	Recipients under 21 years of age, except PS 17	Children's	HCB01
HCB02	Categorically Needy, Recipients ages 21 and older	Healthy Plus Healthy	HCB50 HCB40
HCB03	GA & GA Non-Money Payment, Recipients ages 21 and older	Healthy Plus Healthy *Healthy PA* Private Coverage Option	HCB50 HCB40 HCB60
HCB04	Medically Needy Only, Recipients ages 21 and older	Healthy Plus *Healthy PA* Private Coverage Option	HCB50 HCB60
HCB05	GA Medically Needy Only, Recipients ages 21 and older	Healthy Plus *Healthy PA* Private Coverage Option	HCB50 HCB60
HCB06	Presumptive Eligibility for Pregnant Women (all ages)	PE for Pregnant Women	HCB06
HCB07	State Blind Pension, Recipients ages 21 and older	Healthy Plus	HCB50
HCB08	Medicare Coverage, Categorically Needy, Recipients ages 21 and older	Healthy Plus	HCB50

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Benefit Package Crosswalk cont.

Former Benefit Package #	Benefit Package Description	*HPA* Benefit Package Mapping Name	*HPA* Benefit Package #
HCB09	Medicare Cost Sharing Only, Recipients ages 21 and older	Medicare Cost Sharing Only HCB09	HCB09
HCB10	Medicare Coverage, Specified Low-Income Medicare Beneficiaries (SLMBs), Medicare Part B Premium Buy-In, Medically Needy Only, Recipients 21 and > older	Healthy Plus	HCB50
HCB11	State Blind Pension w/ Medicare Cost Sharing Only, Recipients ages 21 and older	Healthy Plus	HCB50
HCB12	Medical Employability Assessment, Applicants ages 21 through 58	Healthy	HCB40
HCB13	Medicare Coverage, Qualified Medicare Beneficiaries(QMBs), Medicare Part A & B Premium Buy-in, Medicare Cost Sharing, Medically Needy Only, Recipients ages 21 and over	Healthy Plus	HCB50
HCB14	Medicare Coverage, Specified Low-Income Medicare Beneficiaries (SLMBs), Medicare Part B Premium Buy-In, Categorically Needy, Recipients ages 21 and older	Healthy Plus	HCB50
HCB15	Select Plan for Women *Program extended until 6/30/2015	Select Plan for Women HCB15	HCB15

New Medicaid Benefit Packages

Healthy Plus

- Adults who have complex health care needs, either medical or behavioral health, including pregnant women
- Administered by current FFS and HealthChoices managed care
- Screened High
- Includes adults 65 and over

Healthy

- Adults, ages 21 through 64, who do not have complex health care needs, either medical or behavioral, and are eligible for Traditional MA
- Administered by current FFS and HealthChoices managed care
- Not Screened High

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The New Private Coverage Option (PCO)

- Private market health insurance purchased using state/federal funds – For individuals with income up to 133% of the FPL
- There are nine PCO plans
  - Eight are existing HealthChoices Physical Health (PH) MCO plans and one is new to DHS
- **PCO Plans to cover both Physical and Behavioral Health services under one plan**
- Cost-sharing obligations identical to current MA plans

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The New Private Coverage Option (PCO) cont.

- No overlapping PCO and HealthChoices Physical Health (PH) / Behavioral Health (BH) or MCO
- **No separate MA ACCESS cards issued for PCO only eligibility**
- No Dental services are covered by the PCO plans
- Providers Participating in the PCO network will be required to enroll with MA

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Transition Process for PCO

Transition Process for Private Coverage Option (PCO)

- Sister-to-Sister Plan transfer from HealthChoices MCO to PCO – The system will auto select and assign the sister plan i.e. Aetna MCO to Aetna PCO; however, recipients will have the option to choose another plan prior to the enrollment effective date
- Continuity of Care
  - DHS will provide prior authorization (PA) information to the PCOs for recipients coming from a HealthChoices MCO or FFS to a PCO.

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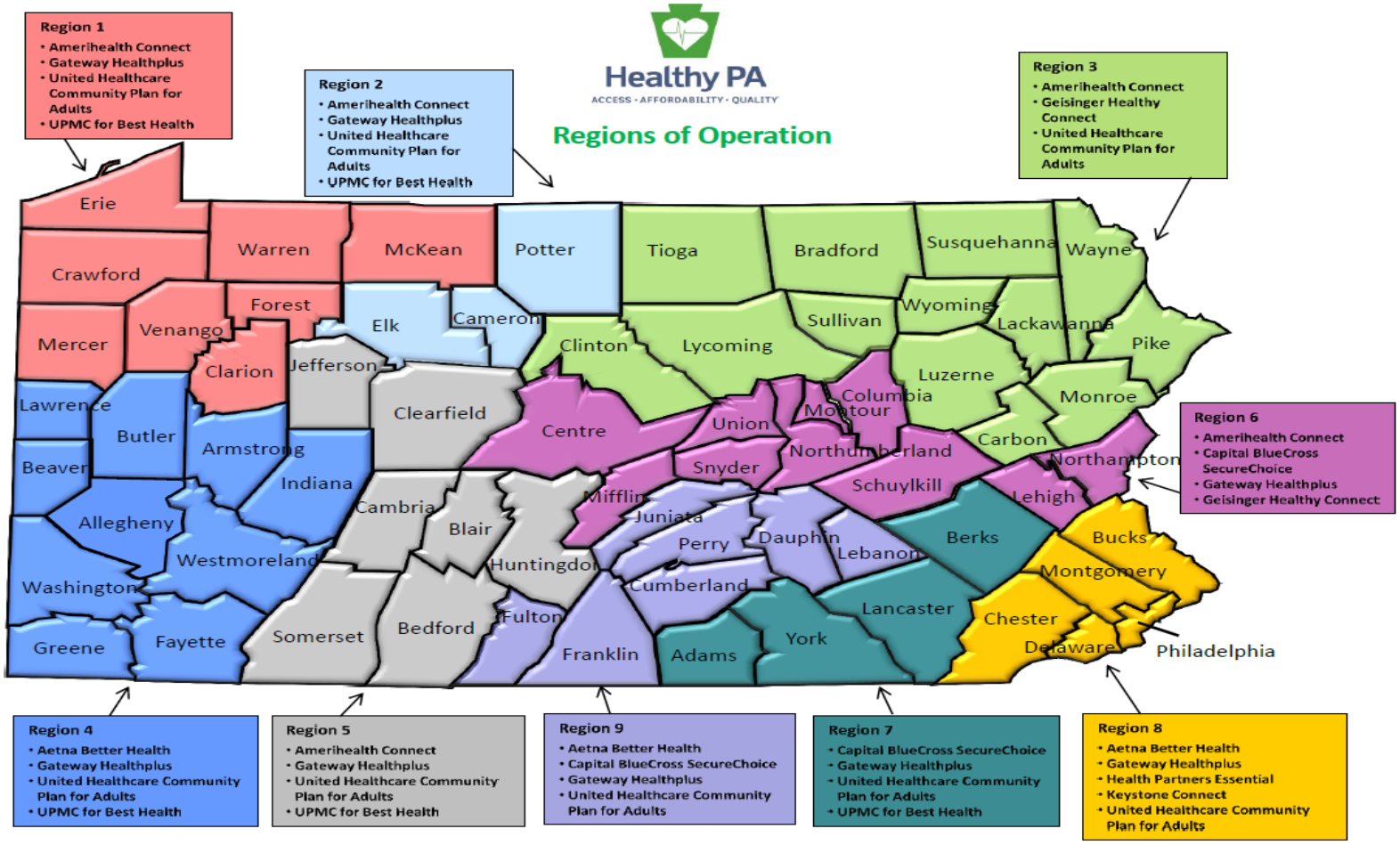
PCO Map by Region



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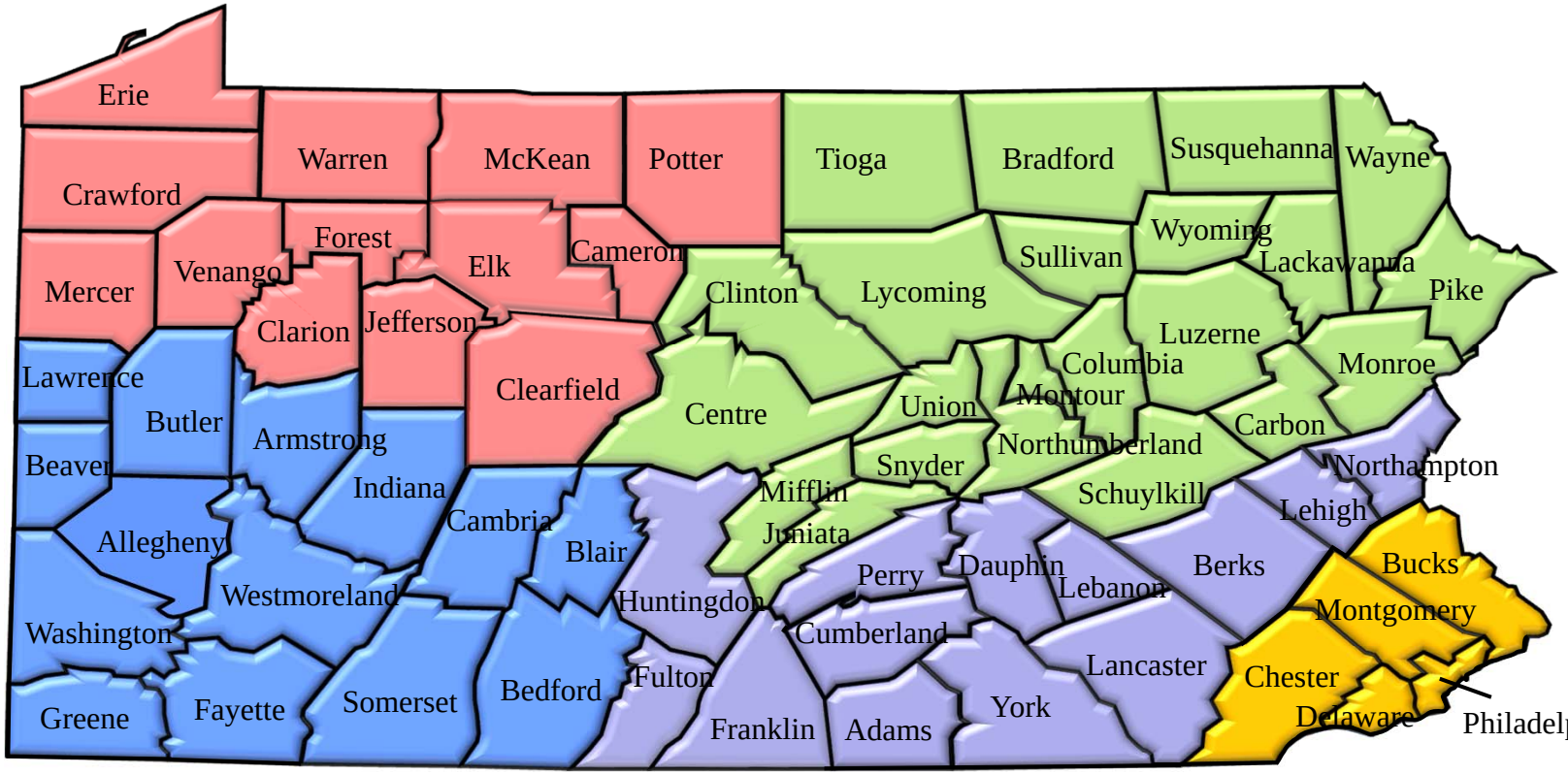
MCO Map of Physical Health Plans by Region



= HealthChoices Southeast
Aetna, Coventry, Health Partners, Keystone Mercy, United

= HealthChoices Lehigh/Capital
Aetna, AmeriHealth, Gateway, United, UPMC

= HealthChoices Southwest
Coventry, Gateway, United, UPMC

= HealthChoices New East
AmeriHealth, Coventry, Geisinger

= HealthChoices New West
AmeriHealth, Coventry, Gateway, UPMC

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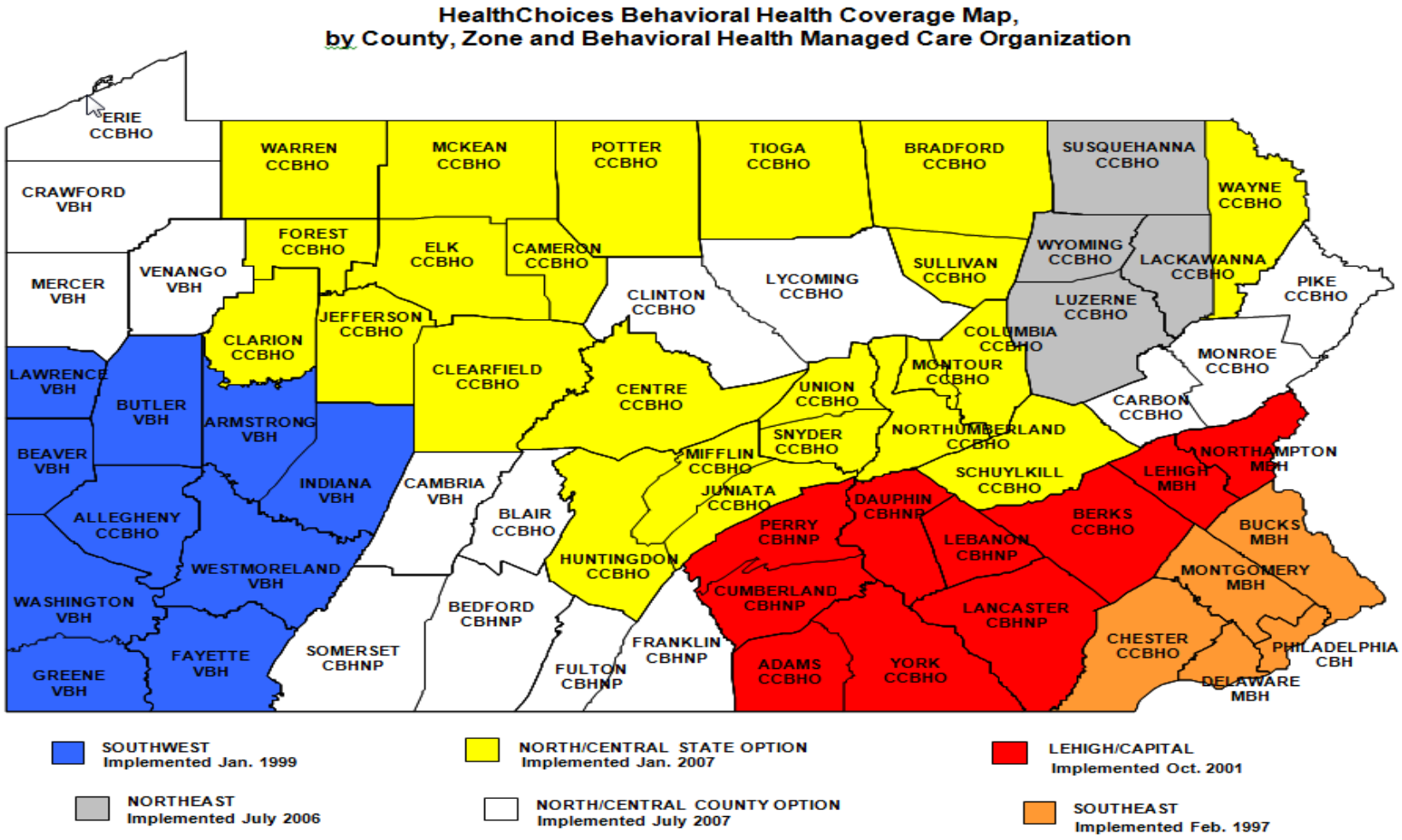
MCO Map of Behavioral Health Plans by Region



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MCO/PCO Information

MCO

- Pennsylvania Medicaid Managed Care Organization (MCO) Directory (both Physical and Behavioral Health)
- http://www.dhs.state.pa.us/cs/groups/webcontent/documents/communication/s_002108.pdf

PCO

- PCO Contact Number Quick Reference Guide
- http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_122256.pdf

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Fee-for-Service Delivery System

Continues under *Healthy PA*

Largest group are individuals from eligibility begin date until MCO or PCO enrollment date

Also includes, but not limited to:

- Non-Continuous Eligibility (NCE) individuals
- Individuals placed in certain facilities i.e. Long Term Care (LTC)
- Foster Children in transition
- Full Dual - Medicare Parts A, B & D recipients (for PH)
- Non-exempt non-citizens
- PCO to MA bridging
- Legal Aliens under the 5 year bar (adults ages 21-64 that are not pregnant)

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GAP Period between FFS and PCO

The gap period is the timeframe from the application date to the PCO begin date. During this time recipients will be covered under FFS and will be subject to all eligibility rules including limits and TPL. There is no overlap in coverage.

- A separate MA ACCESS card will not be issued during this period. Clients will receive a notification letter from OIM that they will have to present to the providers when they go for an appointment.
- The recipients will receive a card from their selected PCO

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Overlapping Eligibility between PCO and FFS

There will be instances when an individual currently enrolled in the PCO will be returned to the traditional MA program. This may happen prospectively or retrospectively. When the return to traditional MA happens retrospectively, the PCO cannot be retroactively end dated which creates an overlapping eligibility scenario.

The PCO is the primary payer in this situation:

- A Third Party Liability (TPL) record will be created to cover the overlapping period to ensure the PCO is billed prior to the provider seeking payment from MA via PROMISe™
- TPL records will be systematically generated with begin and end effective dates to align with the overlapping period

The MA program is responsible for payment of services not covered by the PCO's for the overlapping period

PROMISe™ will use the existing TPL logic to require provider first seek payment from the PCO if services are covered by the PCO

Examples include:

- Backdated enrollment in a waiver program
- Backdated enrollment in TMA due to pregnancy
- Change in medical frailty determination to Healthy Plus
- Age change to 65

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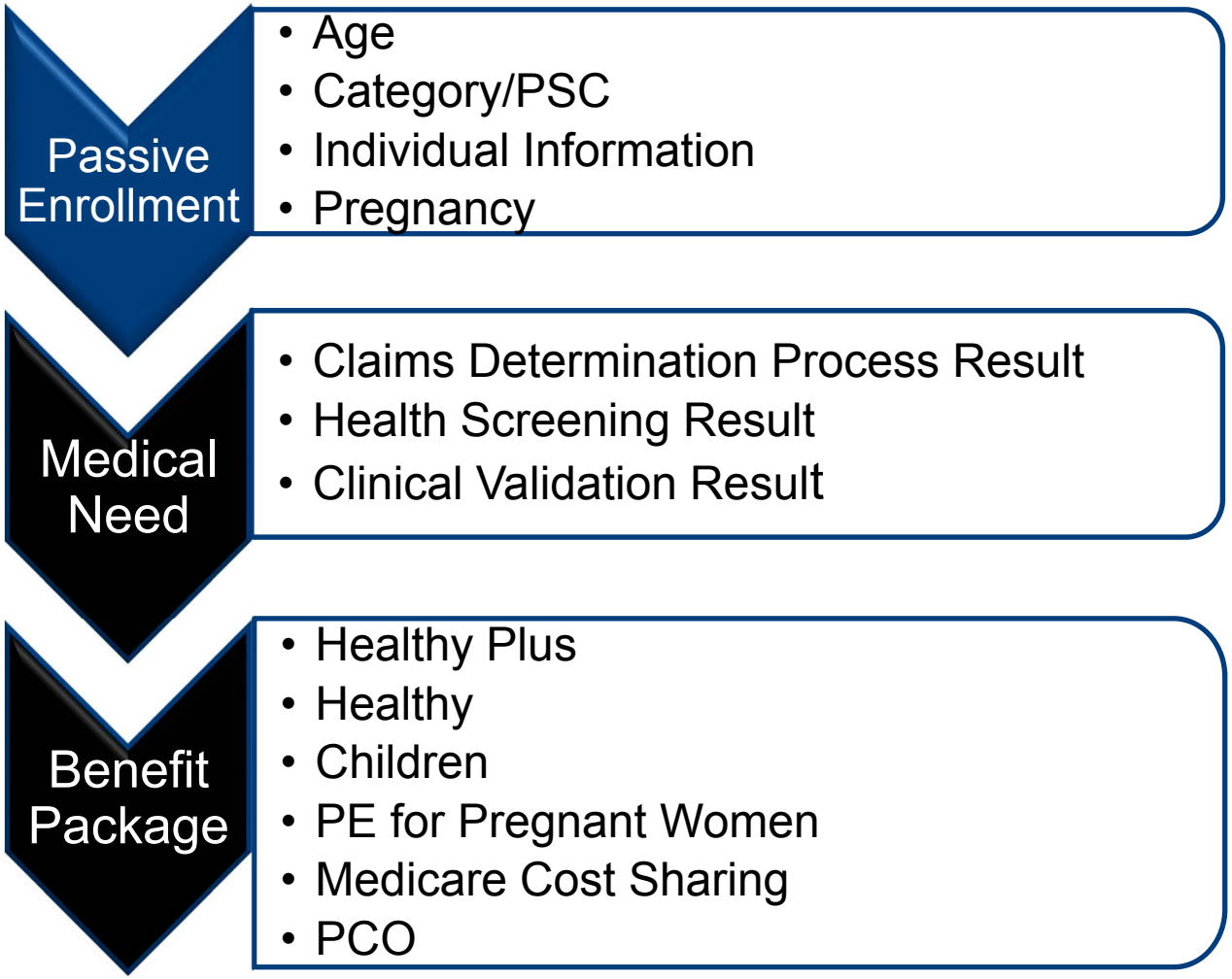
Benefit Package Determination



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SPECIAL PROGRAMS:

HEALTH SCREENING AND COPAYMENT

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Special Programs and Incentives

Health Screening / Annual Wellness Visit

Recipient Cost-Sharing Obligations

- Copayments

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Health Screenings

The Health Screening is a series of questions aimed at...

- Aligning health care needs to the appropriate benefit package (Healthy or Healthy Plus)
- Ensuring adequate access to care

Notices were sent in October notifying current MA recipients they have the opportunity to take the Health Screening on-line through a standalone COMPASS module or receive assistance by calling the Consumer Service Center at 844-290-3448

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Health Screening Exemptions

These groups are exempt from the Health Screening process:

- Children under 21
- Adults 65 and over
- Individuals receiving Social Security Income (SSI) / Social Security Disability (SSD)
- Individuals receiving Medicare
- Individuals receiving HCBS Waiver or the Living Independence for the Elderly (LIFE) program
- Individuals referred to Disability Advocacy Program (DAP)
- Individuals who are MRT-Certified (Medical Review Team)
- Individuals in Long-Term Care
- Individuals who are Permanently Disabled per Social Security Administration (SSA)

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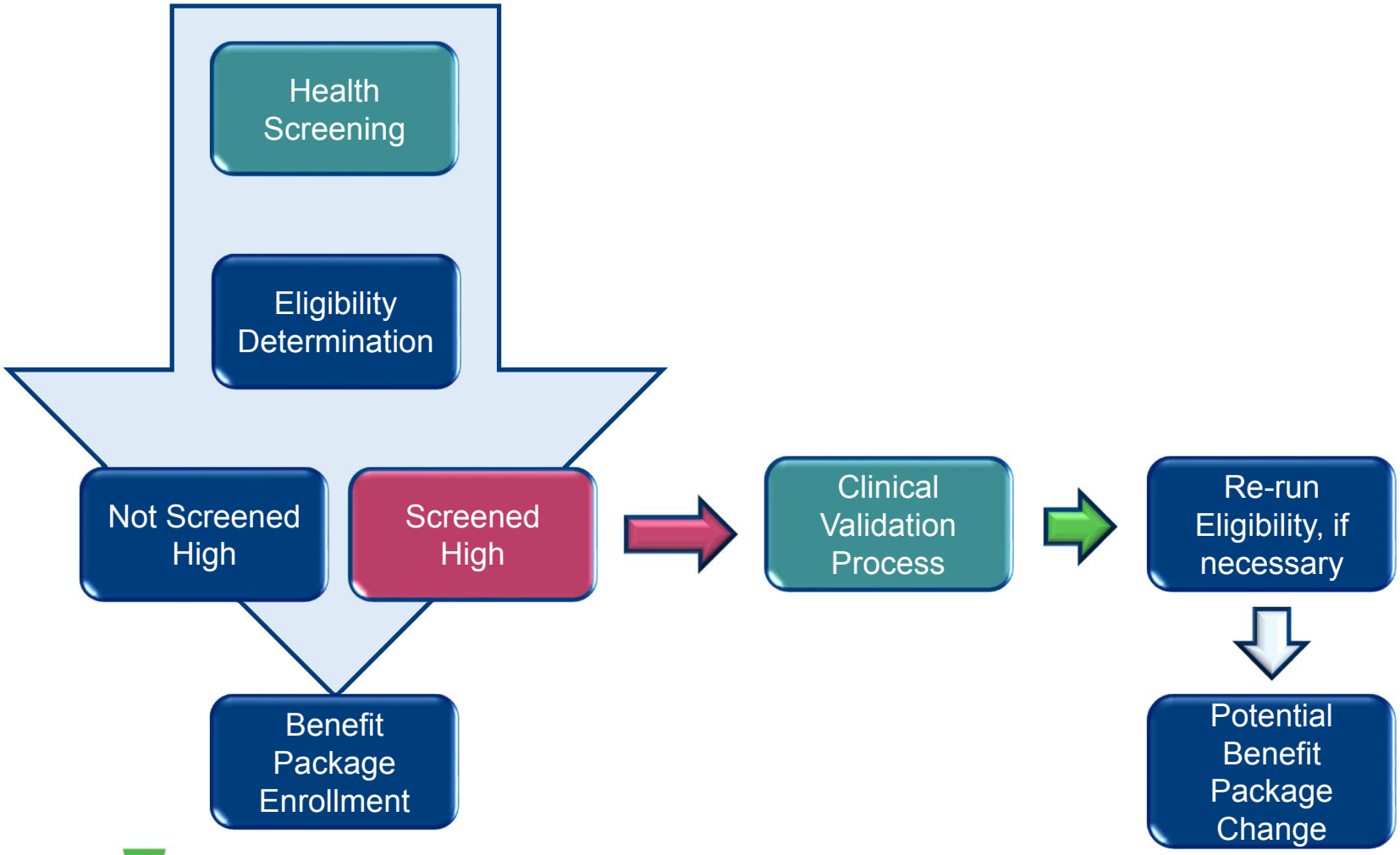
Health Screening Process



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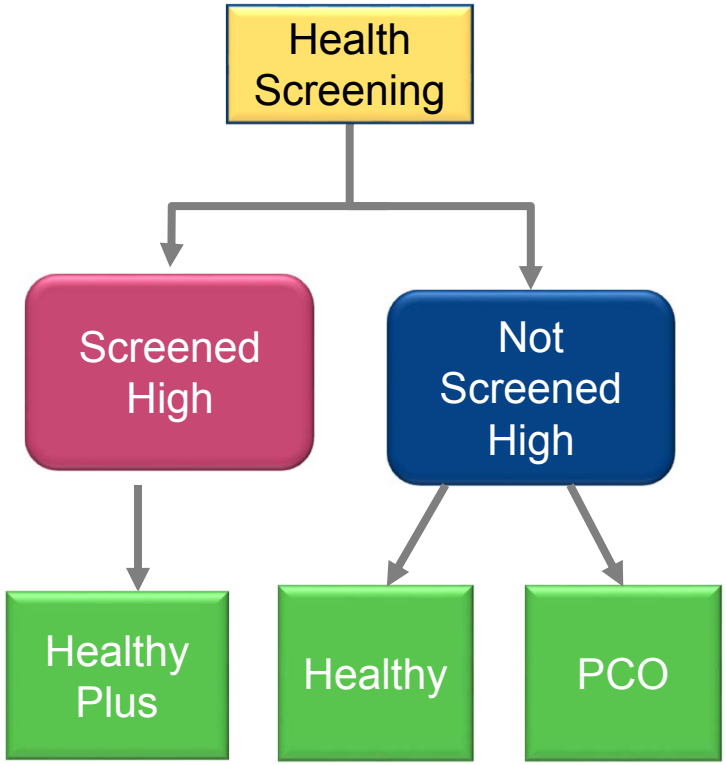
Health Screening Results

Results are used to place individuals in the appropriate benefit packages.

- Individuals screened high receive Healthy Plus
- Individuals not screened high will receive Healthy or PCO, depending on their MA eligibility



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Copayments Year 1

Copayments:

- Continue to pay as assigned
- Providers can deny services if: Individual is unable to pay copay; and household income is > 100% of the applicable FPL (only if office practice is to deny service for all due to failure to pay)

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BENEFIT LIMITS and EXCEPTIONS

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Benefit Limits

- *Healthy PA* will implement limits above and beyond what is applied to individual procedure codes
  - PROMISe™ will only track FFS limits
  - Limits are based on calendar year (January-December)
  - Some limits are based on dollar amounts while others are based on procedure code utilization
- The Benefit Limit Exceptions (BLEs) exception process for Dental and Pharmacy will not be changing under *Healthy PA*
- MAB will have detailed information about the limits and exceptions

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ELIGIBILITY VERIFICATION SYSTEM CHANGES

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Eligibility Verification System (EVS)

- EVS Response
  - Will be modified to display the HCBP description i.e. Children's, Healthy, Healthy Plus
    - HCB01 Children's
    - HCB06 PE for Pregnant Women
    - HCB09 Medicare Cost Sharing Only
    - HCB15 Select Plan for Women *Program extended until 6/30/2015
    - HCB40 Healthy
    - HCB50 Healthy Plus
  - Private Coverage Option (PCO) will be returned in the same way as the Managed Care eligibility (MPHTH and/or MBHTH) segment is returned today.
    - Individuals in a PCO will not have Category/Program Status displayed on the EVS response.
  - Will continue to display Waiver, MCO, Lock-in and EPOMS information.

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EVS Changes

- EVS will display the new package descriptions
- EVS will display a link to the limits document
- HealthChoices MCO's and PCO's will be required to track their own limits
- Limits will be counted per calendar year (January-December)

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EVS Response – FFS

Eligibility Summary

Type	Name	Begin	End
Medicaid	Category: PW Program Status: 00 Service Program: HCB40 - Healthy	01/01/2015	01/01/2015

Eligibility Detail

Status:	Medicaid
Service Type:	1-Medical Care 4-Diagnostic X-Ray 33-Chiropractic 35-Dental Care 47-Hospital 48-Hospital - Inpatient 50-Hospital - Outpatient 86-Emergency Services 88-Pharmacy 98-Professional (Physician) Visit – Office A6-Psychotherapy AL-Vision (Optometry) MH-Mental Health UC-Urgent Care
Insurance Type:	MC-Medicaid
Coverage Description:	Category: PW Program Status: 00 Service Program: HCB40 - Healthy
Plan	01/01/2015
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

Eligibility Detail

Status:	Limitations
Coverage Description:	PA Medicaid-Limitations
Benefit Related Entity:	Payer Limitation Desk Reference Information Contact Uniform Resource Locator (URL): http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_123870.pdf
Message Text:	Patient Limitation information returned on this response may not apply in all billing situations.

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EVS Response – PCO

EVS response for a recipient with Private Coverage Option

- The first 2 characters “CH” indicate a Commercial Plan
- The second 2 characters are the Plan Code for the PCO
- Notice that PCO is part of the name as well

Eligibility Summary

Type	Name	Begin	End
Managed Care	CH1A-AETNA BETTER HEALTH PCO	11/01/2014	11/01/2014

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Benefit Related Entity:	Managed Care Organization CH1A-AETNA BETTER HEALTH PCO Information Contact Telephone: (800)123-4567

EVS Response – FPL Income >100%

For recipients whose..

- Income is >100% of the FPL
- Age is between 18-64

Eligibility Detail

Status:	Co-Insurance
Service Type:	30-Health Benefit Plan Coverage
Coverage Description:	PA Medicaid-No Co-insurance
Benefit Percent:	0
In Plan Network:	Yes
Benefit Related Entity:	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/s_002857.pdf
Message Text:	Patient Financial Responsibility information returned on this response may not apply in all billing situations.
	For this recipient, the provider may require payment of MA copayments prior to provision of care, services, or items.

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EVS Response – Overlap PCO and FFS

Eligibility Summary

Type	Name	Begin	End
Managed Care	CH1A-AETNA BETTER HEALTH PCO	09/11/2013	09/11/2013
Medicaid	Category: J Program Status: 44 Service Program: HCB50-HEALTHY PLUS	09/11/2013	09/11/2013
Other or Additional Payor	AETNA BETTER HEALTH PCO	09/11/2013	09/11/2013
Other or Additional Payor	AETNA BETTER HEALTH PCO	09/11/2013	09/11/2013

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	09/11/2013
Benefit Related Entity:	Managed Care Organization CH1A-AETNA BETTER HEALTH PCO Information Contact Telephone: (800)123-4567

Insurance Type:	MC-Medicaid
Coverage Description:	Category: J Program Status: 44 Service Program: HCB50-HEALTHY PLUS
Plan	09/11/2013
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

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EVS Response – Overlap PCO and FFS

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Eligibility	09/11/2013
Benefit Related Entity:	Payer AETNA BETTER HEALTH PCO Payer Identifier: 001

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	88-Pharmacy
Eligibility	09/11/2013
Benefit Related Entity:	Payer AETNA BETTER HEALTH PCO Payer Identifier: 001

Eligibility Detail

Status:	Limitations
Coverage Description:	PA Medicaid-Limitations
Benefit Related Entity:	Payer Limitation Desk Reference Information Contact Uniform Resource Locator (URL): http://www.dpw.state.pa.us/cs/groups/webcontent/documents/communication/xxxxxx.pdf
Message Text:	Patient Limitation information returned on this response may not apply in all billing situations.

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EVS Response – Provider Electronic Solutions

Eligibility or Benefit Information:	Active Coverage
Coverage Level Code:	Individual
Service Type Code:	1^4^33^35^47^48^50^86^88^98^A6^AL^MH^UC
Insurance Type Code:	Medicaid
Plan Coverage Description:	PW -00 - HCB40-Healthy
Date/Time Qualifier:	Plan
Plan Date:	01/27/2014
Entity Identifier Code:	Payer
Last/Org Name:	MA Service Program
Comm Number Qualifier 1:	Telephone
Telephone:	8005378862

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EVS Response – Interactive Voice Response

Fee-for-Service Response

- “The service program code is HCB40 HEALTHY or HCB50 HEALTHY PLUS.“
- "The Category of Assistance is PW.“
- "The Program Status Code is 00."

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PROMISe™ Billing and Eligibility Scenarios

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Claims Overlapping Date – Split Billing

- When Professional, Outpatient and Dental claims span the *Healthy PA* implementation date, for example 12/29/2014 – 01/04/2015, the service will deny with ESC 2051, Claim Detail Spans *Healthy PA* Implementation

- Institutional Inpatient claims pay based on the admission or discharge date, therefore claims that span the implementation date will not deny for coverage

- Drug & Alcohol, Rehab and Psychiatric facilities bill per diem on a monthly basis and should not be span billing across months

Claims Overlapping Date – Eligibility Scenarios

For recipients with overlapping eligibility in TMA and PCO service programs

When **not covered** by the PCO, but covered by TMA,

- The service will be paid as FFS
- The benefit limits of the TMA service program will be used

When **not covered** by the PCO, and also not covered by TMA,

- Existing Program Exception (PE) Service Program assignment rules may apply if a PE number is reported on the claim

When **covered** by the PCO,

- The service will not be paid as FFS
- An edit will post to deny services

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New Error Status Codes

ESC	Description
2045	Recipient age 65+, Coverage default Healthy Plus
2046	Coverage for Recipient defaulted to Healthy Plus
2047	Coverage for Recipient defaulted to Healthy Plus
2051	Claim dates of service span HPA Implementation
2052	FFS claim assigned a MPHTH service program
2053	FFS claim assigned a MBHTH service program
2054	FFS claim assigned a EPOMS service program

New Error Status Codes

ESC	Description
2055	FFS claim assigned a PCO service program
2056	Non Covered QMB services assigned a service program
2057	Encounter Region claims assigned PCO service program
2009	Recipient has PCO Coverage on claim dates
2109	Recipient has PCO Coverage on claim dates

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Resources/Links

Resources

- *Healthy PA*

  http://www.healthypa.com/

- MAB bulletins
  - 99-14-09 Implementation of *Healthy Pennsylvania* - http://www.dhs.state.pa.us/publications/bulletinsearch/index.htm
  - 99-14-10 *Healthy PA* Benefit Plans - http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=99-14-10&o=N&po=OMAP&id=12/12/2014
  - 99-15-02 *Healthy PA* Interim Benefit Plan - http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=99-15-02&o=N&po=OMAP&id=01/14/2015
- Statewide Consumer Service Center
  - Consumer Service Center (for recipients) - 844-290-3448
  - *Healthy PA* Consumer Line (for recipients) - 877-418-1187
- Provider Service Center
  - 800-537-8862
- Quick Tip #41
  - http://www.dhs.state.pa.us/cs/groups/webcontent/documents/communication/s_002894.pdf
- New ESCs
- Health Care Benefit Reference Chart
- Copayment Desk Reference
  - http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_005972.pdf
- HealthChoices and Private Coverage Information
  - www.enrollnow.net

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Questions???

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