

ISSUE BRIEF:

HEALTHY PA

In late August, 2014, the federal Centers for Medicare and Medicaid Services (CMS) announced their approval of an amended version of Governor Corbett's *Healthy PA* proposal. The final plan is markedly different from the original proposal, with some of the most harmful elements like punitive lockout periods and tying premiums to a new, bureaucratic work search requirement removed. Overall, more than 80% of the changes sought by DPW were not approved by CMS.

Beginning January 1st, 2015, individuals and families with incomes below 138% of the federal poverty level will be eligible to enroll in health insurance offered by private Medicaid Managed Care companies in a new system run by the Commonwealth.

HOW SOON WILL COVERAGE BEGIN?

Enrollment for coverage under Healthy PA will open December 1, 2014 and coverage will become effective January 1, 2015. Like traditional Medicaid, coverage can be retroactive to help with medical bills incurred in the past three months. After January 1, the date an individual applies will become their coverage effective date.

WHAT WILL HEALTHY PA COVERAGE LOOK LIKE?

Insurance for new enrollees will be modeled after the Essential Health Benefits package, the new standard for private coverage under the Affordable Care Act. It will also ensure: choice of family planning provider, in-network access to federally qualified health centers (FQHCs) and may include transportation (MATP) in 2016.

HOW MUCH WILL HEALTHY PA COVERAGE COST?

Nothing, in 2015. No newly eligible enrollee will have to pay premiums in 2015.

In 2016, however, premiums can be imposed on people with incomes above 100% of the federal poverty level and cannot exceed 2% of an enrollee's monthly household income.

WHO QUALIFIES FOR COVERAGE UNDER HEALTHY PA?

Pennsylvanians earning below 138% of the federal poverty level will be eligible for coverage under Healthy PA. That includes:

| SINGLE | FAMILY OF 2 | FAMILY OF 3 | FAMILY OF 4 | FAMILY OF 5 | FAMILY OF 6 | FAMILY OF 7 | FAMILY OF 8 |
|----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| \$16,105 | \$21,707 | \$27,310 | \$32,913 | \$38,516 | \$44,119 | \$49,721 | \$55,324 |

Pennsylvanians earning between 100% and 138% (and thus dually eligible for Medicaid and Marketplace tax credits) will likely have to move into Healthy PA coverage, as they are eligible for minimum essential coverage through Medicaid now that eligibility has been expanded.

HOW DOES HEALTHY PA CHANGE COVERAGE FOR CURRENT MEDICAID ENROLLEES?

Individuals currently covered by Medical Assistance for Workers with Disabilities (MAWD), SelectPlan for Women, General Assistance-related MA, or Medically-Needy Only MA would move into new *Healthy PA* coverage and receive the same benefits package as new enrollees, unless they are found to be "medically frail" and therefore eligible to receive the "High Risk" coverage.

WHAT DPW-BACKED CHANGES ARE STILL UNDER NEGOTIATION?

Pennsylvania's Department of Public Welfare (DPW) is seeking to move the more than 1.1M Pennsylvania adults enrolled in Medicaid today into either a "High Risk" or "Low Risk" benefit plan on January 1, 2015. Both plans would be administered by the same insurers offering Managed Care Coverage in the current system. This chart contrasts existing Medicaid benefits with the proposed High and Low Risk plans that are still under negotiation and subject to change: <http://bit.ly/DPWBenefitCuts>.

WHAT'S NEXT?

DPW will unveil the new health screening questionnaire that will be the tool used to move current enrollees into the High and Low Risk plans.

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