FACT SHEET

IN THIS FACT SHEET:

Pennsylvania Medicaid, SCHIP, and State-Funded Health Programs

AUGUST 2008

An Overview of Pennsylvania's Publicly Funded Insurance Programs

This summary is intended to assist professionals who work in systems serving children, such as juvenile justice and child welfare. For more information about Medicaid and its key concepts as they relate to the juvenile justice system, see A Medicaid Primer for Juvenile Justice Officials.¹

In Pennsylvania all children under age 18 have access to health care coverage through Medicaid, SCHIP, or private insurance. As of February 2008, 2,066,530 adults and children were covered under Pennsylvania's Medicaid program and State Children's Health Insurance Program (SCHIP).² Pennsylvania operates its SCHIP program separately from Medicaid. There were 1,898,153 adults and children enrolled in the Medicaid program and 168,377 children enrolled in SCHIP.³ In federal fiscal year 2005, approximately \$15.8 billion was spent for Medicaid services in Pennsylvania, and an additional \$208 million was spent for SCHIP services.⁴ (These figures include spending for both adults and children.) The federal government paid 54 percent of Medicaid expenditures and 68 percent of SCHIP expenditures.⁵

COMMON PATHWAYS TO ELIGIBILITY

Children – ages 0-20

MEDICAID

- Program Name: Healthy Beginnings (ages 0-18).
 - : Income limits vary by age. Ages 0-1 are eligible up to 185 percent of the federal poverty level (FPL), while ages 1-6 are eligible up to 133 percent FPL, and ages 6-18 are eligible up to 100 percent FPL.
 - : No asset limit.
 - : Some may qualify through the medically needy pathway, for individuals with income below a state-established limit, or those above the state income limit who have incurred large health care expenses and "spend down" to the limit.
 - : Includes recipients of federal adoption assistance and foster care assistance under Title IV-E.
- Children Ages 19-20.
 - : Under Medicaid in Pennsylvania, individuals ages 19-20 are considered children.
 - : Depending on circumstances, the income limit for children ages 19-20 is either the one established for Temporary Assistance for Needy Families or for the Medicaid Medically Needy Program (see information for these two programs below).



• Program Name: CHIP/SCHIP (ages 0-18).

- : Free CHIP:
 - -Income limits: Children from incomes up to 200 percent FPL who do not qualify for Medicaid.
- : Low Cost CHIP:
 - -Income limit: 200-300 percent FPL.
- : Full Cost CHIP:
 - -Income limit: None.
- : All children in Pennsylvania are covered through Medicaid, SCHIP, or private insurance.

Supplemental Security Income (SSI) Beneficiaries – no age limit

MEDICAID:

- : Income limit: up to 74 percent FPL.
- : Must meet federal SSI definition of disability.
- : Some may qualify through the Medically Needy pathway.
- : Asset limit of \$2,000 (\$3,000 for a couple).
- : Some may qualify through the Medical Assistance for Workers with Disabilities (MAWD) if they have incomes below 250 percent and pay a premium equal to 5 percent of their monthly income.

Parents of children under age 18 who qualify for Medicaid

- Program Name: Temporary Assistance for Needy Families (TANF) cash assistance.
 - : Income limit: up to approximately 29 percent FPL.
 - : No asset limit.
- Program Name: Extended Medical Assistance Coverage (EMC).
 - : For recipients of TANF who lose eligibility because of an increase in income (up to 185 percent FPL).
 - : Can continue Medicaid eligibility for up to 12 additional months.

Pregnant Women – no age limit

- Program Name: Healthy Beginnings (Medicaid for pregnant women).
 - : Income limits: up to 185 percent FPL.
 - : No asset limit.
 - : Coverage extends from prenatal care through the end of the month in which the 60th day postpartum falls.
 - : If mother was enrolled in program at the time of birth, the baby will receive services for one year.
- Some may qualify through the Medically Needy pathway.

Adults

GENERAL ASSISTANCE-RELATED CATEGORIES - NOT A MEDICAID PROGRAM (STATE-FUNDED ONLY).

• Program Name: "Non-money payment" (NMP).

- : Some adults ages 21-64 with income below approximately 29 percent FPL.
- : Recipients may include: parents within two-parent homes with minor children who are ineligible for TANF, adults with a documented temporary physical or mental disability, adults undergoing drug or alcohol treatment, or victims of domestic violence.
- Program Name: "Medically Needy Only" (MNO).
 - : Some adults ages 21-58 who are custodial parents of a dependent child under the age of 21 or are employed at least 100 hrs./month and earning at least minimum wage.
 - : Income limit: approximately 29-35 percent FPL.
- Some recipients are limited to a lifetime limit of nine-months of coverage.

• Program Name: Medicaid Medically Needy Program.

- : Adults ages 21+ (in addition to children ages 19-20 see earlier description).
- : The medically needy pathway is for individuals with income below approximately 50 percent FPL, or those with incomes above approximately 50 percent FPL who have incurred large health care expenses and "spend down" to the limit.
- : No asset limit.
- Program Name: "adultBasic" (NOT a Medicaid program).
 - : Ages 19-64 without health care coverage and who are not eligible for Medicaid.
 - : Income limit: ~35-200 percent FPL.
 - : Must be state residents for at least 90 days and uninsured for 90 days prior to enrollment (unless health insurance was lost due to unemployment).
 - : No asset limit.



SPECIAL POPULATIONS

Select Plan for Women - family planning services

- Women ages 18-44 not enrolled in Medicaid.
 - : Income limit: up to 185 percent FPL.
 - : No asset limit.
 - : For women with no, or limited, health insurance.
 - : Individuals may still be eligible if they have insurance but it does not cover all family planning needs or if they do not have prescription coverage.

SERVICE DELIVERY

Pennsylvania has different delivery systems for its Medicaid and CHIP/SCHIP programs. Medicaid operates three managed care programs (HealthChoices, ACCESS Plus, and Voluntary Managed Care) and the fee-for-service system (ACCESS) for Medicaid recipients:

• HealthChoices is a program under which all beneficiaries are required to enroll into a comprehensive managed care organization (MCO) and a Prepaid Inpatient Health Plan (PIHP). The MCO delivers physical health services while the PIHP delivers all mental health and substance abuse services. This program operates in 25 counties.

• ACCESS Plus is a Primary Care Case Management (PCCM) program that serves 42 northern and central counties. Under this program all Medicaid beneficiaries are required to enroll with a primary care provider (PCP). ACCESS Plus does not manage mental health and substance abuse services. Beneficiaries receive these services via the fee-for-service system (ACCESS).

• Voluntary Managed Care is a program in which beneficiaries in 27 counties can choose to enroll in a comprehensive MCO or ACCESS Plus. Mental health and substance abuse services are provided by the Behavioral Health Prepaid Inpatient Health Plan (BH-PIHP) operating in a beneficiary's respective county. This program is available in 27 of the 42 counties where ACCESS Plus operates.

All CHIP/SCHIP and "adultBasic" beneficiaries receive services through an MCO servicing their county. CHIP recipients receive mental health and substance abuse services through their MCO. Mental health and substance abuse services are not provided for "adultBasic" recipients.

BENEFITS

All Medicaid recipients under the age of 21 receive the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) benefit, which includes periodic comprehensive screening visits (well-child visits), and services needed to treat conditions. Under federal EPSDT law, all children are eligible to receive any medically necessary service that may be covered under federal Medicaid law (even if the state has decided not to cover the service for adults). Some EPSDT services include transportation, dental care, mental health services, substance abuse services, and prescription drug coverage.

Children enrolled in CHIP do not receive the EPSDT benefit. However, services such as regular checkups, immunizations, well-child visits, visits to emergency care, prescriptions, dental care, and mental health and substance abuse services are included in the CHIP benefit package.

The "adultBasic" benefit structure includes hospitalization, physician services (primary care and specialists), emergency services, diagnostic tests (e.g. X-rays, mammograms and laboratory tests), maternity care, and rehabilitation and skilled care. Mental health and substance abuse services are not provided through "adultBasic."

Cost Sharing

Some Medicaid and SCHIP programs require recipients to pay a monthly premium and/or co-payments. The following cost-sharing rules apply to Pennsylvania programs:

Low Cost CHIP:

- : Average premium: \$40-64.
- : Co-payments range from \$5-25 per visit.

Full Cost CHIP:

- : Average premium: \$161.
- : Co-payments range from \$15-50 per visit.
- adultBasic:
 - : Premium: \$33.50 per adult.
 - : Co-payments range from \$5-25 per visit.

Under Pennsylvania's Medicaid programs, nominal co-payments apply for recipients age 18 and older unless they are otherwise excluded (such as for pregnancy or institutionalization).

ELIGIBILITY PROCESS

States have substantial flexibility in how they count income to determine eligibility. For 2008, the FPL for a family of four is 21,200 in the 48 contiguous states and the District of Columbia.⁶

Children in CHIP and pregnant women can qualify for services under presumptive eligibility before an official eligibility determination is made. Pennsylvania's Medicaid program does not include presumptive eligibility for children. In addition, children enrolled in CHIP are eligible to receive 12 months of continuous eligibility, which is reviewed annually.

Applicants for any of the above listed programs can apply in person at a County Assistance Office, online, or mail in their completed applications. Web: www.compass.state.pa.us.

Applications for CHIP and the "adultBasic" program may also be completed over the telephone. (See CHIP and adultBasic phone numbers below).

To apply through the mail, applicants can use the following links to print a paper application to submit:

- Medicaid: http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/PA600.pdf. Phone: 1-800-842-2020.
- CHIP: http://www.chipcoverspakids.com/upload/admin/File/CHIP_APPLICATION_FINAL.pdf. Phone: 1-800-986-KIDS.
- Select Plan for Women: http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/Medical/PA0600SP-SG.pdf.
 Phone: 1-800-842-2020.
- --- "adultBasic": http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/APPL-FOR-BENEFITS.pdf. Phone: 1-800-GO-BASIC.

Eligibility determinations are typically made within 4-6 weeks, but can extend longer if the application requires a disability decision.

Notes

¹Dan Belnap, A Medicaid Primer for Juvenile Justice Officials, State Health Policy Briefing, Vol. 2, Issue 6 (Portland, ME: National Academy for State Health Policy, April 2008). Available at http://www.nashp.org/Files/shpbriefing_medicaidforjuvenilejustice.pdf.

²"Medical Assistance Eligibility Statistics." 2008. Commonwealth of Pennsylvania Department of Public Welfare. Retrieved 24 June 2008. http://listserv.dpw.state.pa.us/Scripts/wa.exe?A2=ind08&L=ma-food-stamps-and-cash-stats&T=0&F=&S=&P=3372.

³Ibid.

⁴Centers for Medicare & Medicaid Services. Medicaid Financial Management Report, Fiscal Year 2005. Retrieved 16 June 2008. http://www.cms.hhs.gov/MedicaidBudgetExpendSystem/02_CMS64.asp#TopOfPage.

⁵lbid.

⁶Department of Health and Human Services, Office of the Secretary; Annual Update of the HHS Poverty Guidelines, 73 Fed. Reg. 3971 (January 23, 2008).

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Program information comes from Pennsylvania Department of Public Welfare website and staff. See http://www.dpw.state.pa.us/.

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