

HEALTHY PA: Frequently Asked Questions

How does *Healthy PA* change the Medicaid program?

What had been Medicaid is now *Healthy PA* and will now provide health care coverage to people who are eligible for Medicaid under expanded eligibility requirements (more below). All Medicaid benefits will be provided through commercial-like adult benefits packages. The benefits packages that had existed were changed from 14 plans to two plans – *Healthy* (Low Risk) and *Healthy Plus* (High Risk). There is no change for children receiving Medicaid.

If I am already receiving Medicaid benefits, how does this affect me and do I need to do anything?

You should be notified by mail from the PA Department of Public Welfare (now the Department of Human Services) about the upcoming changes to your and/or your household members' Medicaid benefits. If you have not received this notice and you have questions regarding your benefits, contact the *Healthy PA* Statewide Customer Service Center at 1-877-418-1187.

I was not eligible for Medicaid benefits when I last applied because my income was too high. Am I eligible now under *Healthy PA*?

You may be eligible for health care coverage under the new *Healthy PA* Private Coverage Option.

Who qualifies for coverage under the *Healthy PA* Private Coverage Option (PCO)?

Anyone who is not eligible for Medicaid, ages 21 to 64, with incomes up to 133% of the Federal Poverty Level (see the chart below) may be eligible for coverage under the *Healthy PA* PCO beginning on January 1, 2015.

Monthly Income Cut-offs for *Healthy PA* PCO (maximum allowed):

Single Person	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
\$1,342	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,143	\$4,610

If I'm found eligible for the *Healthy PA* PCO, how do I enroll in a plan and what are the next steps?

If you are eligible for coverage under the PCO, a state enrollment agent will contact you to assist you in choosing a plan in your region and the next steps in the process. If you do not choose a plan, you will be automatically assigned to a plan in your region.

If I select a *Healthy PA* PCO plan that does not meet my healthcare needs, may I switch to another plan?

Yes, you may switch to another *Healthy PA* PCO plan in your region as long as you do it within the first 90 days of coverage. There may be a transition period depending on when you switch plans but during the transition period you will continue to receive coverage through your current plan.

Do I have the option of opting out of Medicaid (*Healthy* or *Healthy Plus*) and instead choose the PCO?

No, you do not have the option to opt into the PCO if you've been determined eligible for either the Medicaid *Healthy* or *Healthy Plus* benefit plan.

If I am found eligible for the PCO, can I choose to stay in the Medicaid program under my current plan?

Based on the information the DPW has, you have been determined eligible to receive PCO benefits. You will not be able to stay in your current Medicaid program. However, if you think the PCO benefit package will not meet your medical needs and that you should remain with your current plan, you are encouraged to complete the health screening by following the directions provided in the letter you received from the PA Department of Public Welfare (now the Department of Human Services) in November.

If I am transitioned from Medicaid into the PCO, how will this affect my current health coverage?

The PCO plans will provide a comprehensive benefit package that ensures coverage for all of the Essential Health Benefits (EHB) such as preventive care services, ambulatory patient services (outpatient care you get without being admitted to the hospital), emergency services, hospitalization (such as surgery), pre- and post-pregnancy care, mental health and substance abuse disorder services including behavioral health treatment, prescription drugs, laboratory services, and rehabilitative services and devices.

If I am transitioning to the PCO, will I receive a PCO plan card?

Yes. If you are only receiving health care benefits through the Department of Human Services (formerly DPW) and no other benefits, you will only have a PCO plan card. If you are receiving another benefit along with health care, you will have your PCO plan card and the card you currently have to receive your other benefit(s).

Why was I selected for the PCO benefits and the rest of my family was not?

The benefit plan is based on each individual's specific information.

If I am not eligible for Medicaid or PCO coverage will I lose my coverage on January 1, 2015?

You should have received a letter from the PA Department of Public Welfare (now the Department of Human Services) notifying you of any upcoming change to your coverage. If the letter indicates that you are not eligible for Medicaid or PCO coverage you could be eligible for other subsidized coverage through the Federally Facilitated Marketplace (FFM). You can receive more information about coverage offered at the FFM by visiting www.healthcare.gov or by calling 1-800-318-2596.

Will Medical Assistance for Workers with Disabilities (MAWD) continue under *Healthy PA*?

Yes, MAWD will continue under *Healthy PA* and the premiums are not changing.