
Benefit Package Coverage and Limits

Recipient Notification

In the last week of March 2015, notices were sent to current Medical Assistance (MA) recipients informing them of changes from the HCB40-Healthy and HCB50-Healthy Plus benefit packages to a single, streamlined MA Adult benefit package. The notices were sent from both the Physical and Behavioral HealthChoices Managed Care Organizations (MCOs) to recipients enrolled with MCO coverage.

The Department of Human Services (DHS) also sent notices to individuals with on-going Fee-for-Service (FFS) coverage.

Sample recipient notices can be viewed on the DHS HealthChoices website, www.HealthChoicesPA.com, by clicking on "Consumer Resources." The *Transition to Traditional Medicaid Expansion* Public Notice can be viewed by clicking on "Supporting Documents."

What is Changing?

A new Adult benefit package will be effective on 4/27/2015. Coverage details and benefit limits will be provided via Medical Assistance Bulletin (MAB). The target issue date is 4/27/2015.

The HCB40-Healthy, HCB50-Healthy Plus and HCB60-PCO benefit packages and limits will be discontinued and consolidated in one streamlined Adult benefit package as follows:

<i>Healthy PA</i>	HealthChoices Expansion
HCB40 - Healthy Discontinued 4/26/2015	(NEW) HCB50 - Adult Effective 4/27/2015
HCB50 - Healthy Plus Discontinued 4/26/2015	
HCB60 - PCO Discontinued 8/31/2015	

Coverage and Limits Updates

- A MAB and updated benefit plan reference chart will be provided.
 - The MAB and benefit plan reference chart are scheduled to be released on 4/27/2015.

Please visit www.HealthChoicesPA.com for more information.

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- Limits will continue to be counted per calendar year.
 - The Eligibility Verification System (EVS) will display a link to the updated benefit plan reference chart.
 - Once a recipient is transitioned to or enrolled in the HCB50-Adult benefit package, limits will reset to the Adult benefit package.
 - Limits associated with discontinued benefit packages will no longer be in effect.
 - Limits already used under a discontinued package will not count against new limits for the Adult benefit package.
 - Medical Assistance program fee schedule limits and prior authorization requirements still apply.

Important Claim Information

- Interim edit messages associated with counting limits under the *Healthy PA* program will no longer be returned.
- During transition phases, Private Coverage Option (PCO) continues to be the primary payer for covered services when there is overlapping eligibility between the PCO and Traditional MA Fee-for-Service coverage.
- Split Billing is not required for services that were rendered prior to 4/27/2015.

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