



November 24, 2014

To: Contracted HealthChoices Providers

From: Scott Donald

**Re: *Healthy PA – Provider Expectations for January 1<sup>st</sup> 2015***

Magellan is communicating to all contracted providers a request to review critical information and guidance on how you can assist adults that have received a letter from the Pennsylvania Department of Public Welfare notifying them that there will be a change to their Medical Assistance coverage as a result of the new Healthy PA initiative. The first step in this process is to become familiar with Healthy PA and the proposed changes.

Important resource links located on [www.HealthyPA.com](http://www.HealthyPA.com):

- **About Healthy PA** – This link provides a very high level overview of the proposed changes to the PA Medicaid Program.
- **Consumer Resources** – Please become familiar with **all of the resource information** provided within this link which includes: One page overview, samples of all of the Healthy PA member letters, Health Assessment Q&A, PA Map of (Private Coverage Option) PCO coverage and regions, How to select a PCO and the proposed Benefit Comparison Grid.
- **FAQ** – Included within this link are specific Q&A around general questions, eligibility and enrollment, and benefit and cost sharing.
- **Presentations** – All of the State presentations to date regarding Healthy PA
- **Press Releases** – The formal State press releases to date
- **Supporting Documents** – The complete 1115 waiver
- **Training** – Two taped web trainings on Healthy PA 101 and the Health Assessment. We recommend that all of your staff view these two trainings as soon as possible.

It is imperative that you advise and if able, assist these individuals to complete the Health Screen Questionnaire if they are assigned to the **Healthy** benefit plan or the Private Coverage Option benefit plan. Please note that the determination for **Healthy Plus** benefit coverage is for both Behavioral Health needs as well as Physical Health needs, so please take both into consideration when assisting someone who is considering this change.

In December, all adults on Medicaid will be receiving a letter notifying them of the benefit plan they will be receiving in 2015. If a person you are supporting does not receive such a letter, they will need to contact the customer service center or local CAO to verify they are on the correct benefit plan (Healthy Plus). If they are assigned to the PCO benefit plan or the Healthy benefit plan and they have ongoing physical or behavioral health needs, they should appeal this decision.

**Your attention to these changes and assisting HealthChoices members navigate this process is imperative to ensure that they can access all of the Medically Necessary services that they are receiving today.**