

[REDACTED]

Mail Date: 07/28/2015

[REDACTED]



pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF INCOME MAINTENANCE

Record ID: [REDACTED] Telephone: [REDACTED]
Notice ID: [REDACTED]

COMPASS: The fast and easy way to apply for benefits
www.compass.state.pa.us

Pennsylvania receives information from other state and federal agencies to verify the information you give them. If you misrepresent, hide, or withhold facts which may affect your eligibility for benefits, you may be required to repay your benefits, and you may be prosecuted and disqualified from receiving certain future benefits.

DEAR [REDACTED],

You now qualify for Medical Assistance through the HealthChoices managed care program. The Commonwealth of Pennsylvania is expanding the Medical Assistance program and ending the *Healthy PA* Private Coverage Option. You will receive the new Adult benefit package.

| Which benefit? | This is a summary of your benefits. You can find more information inside this letter. |
|--|---|
|  <p>Medical Assistance</p> | <p>One or more members of your household qualify for health care coverage under Medical Assistance starting July 27, 2015.</p> |
|  <p><i>Healthy PA</i> Private Coverage Option</p> | <p>One or more members of your household are being moved to Medical Assistance because the <i>Healthy PA</i> Private Coverage Option program is ending. See later in this notice for important details about your health care coverage, including important dates.</p> <p>If you do not agree with this decision, fill out the enclosed Fair Hearing form, then mail it or give it to your caseworker by August 27, 2015.</p> |

This change does not apply to children under age 21. This change has no effect on other benefits your household may be receiving, such as SNAP, LIHEAP or TANF cash benefits.

If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:
[REDACTED] at [REDACTED] or by calling [REDACTED]



+ Your Medical Assistance Benefits

Who qualifies?

| Who? | When? | Which package? | ACCESS Number |
|------------|---------------|----------------|---------------|
| [REDACTED] | July 27, 2015 | Adult | [REDACTED] |

[REDACTED]:(Starting July 27, 2015) You continue to qualify for health care coverage. You will receive the Adult benefit package because you are age 21 or older. For a complete list of services offered in this benefit package, see the "Welcome to Medical Assistance" for adults page that came with this letter.

Starting September 01, 2015 you will be enrolled in a HealthChoices health plan. You will soon receive information about HealthChoices health plans. You should choose a health plan to join. If you do not choose a health plan, you will be assigned to one. To enroll or get more information, go to enrollnow.net or call 1-800-440-3989.

Until September 01, 2015, you should use both your *Healthy PA* Private Coverage Option health plan card and your ACCESS card (or ACCESS number shown above) when you get health care services.

Your *Healthy PA* Private Coverage Option health plan will continue to be your primary insurance until August 31, 2015.

If you do not have an ACCESS card, call the Statewide Customer Service Center at 1-877-395-8930. If you live in Philadelphia, call 215-560-7226. Or contact your local County Assistance Office.

This is the law we used to make this decision:42 U.S.C. § 1396a(a)(10)(A)(i)(VIII); 42 CFR § 435.119; 62 P.S. §§ 201(2), 403(b); 55 PA Code § 141.71, 1101.31.



Your Healthy PA Private Coverage Option Benefits

Who no longer qualifies?

| Who? | When? |
|------------|-----------------------------|
| [REDACTED] | Starting September 01, 2015 |

[REDACTED](Starting September 01, 2015) Your coverage under the *Healthy PA* Private Coverage Option will end because the program is ending. You will still have health care coverage. Based on the information in your record, you qualify for Medical Assistance. See the section labeled "Who qualifies?"

This is the law we used to make this decision:42 U.S.C. § 1396a(a)(10)(A)(i)(VIII); 42 CFR § 435.119; 62 P.S. §§ 201(2), 403(b); 55 PA Code § 141.71, 1101.31



The Department of Human Services (DHS) has expanded its Medicaid program. Your health care coverage will now be provided through Medicaid, also called Medical Assistance.

What is changing?

The Private Coverage Option (PCO) is ending. This is part of Pennsylvania's Medicaid expansion. Everyone in the PCO will be moving to Medical Assistance (MA). You will now get the new Adult benefit package and use the HealthChoices managed care plans.

Who will change plans?

The people listed on the notice are moving to MA.

When will this start?

Your coverage under MA will start July 27. From July 27 until September 1, use your PCO card to get most of your medical care. Beginning July 27, use your ACCESS card to get dental care and non-emergency medical transportation (matp.pa.gov).

You will receive a letter from PA Enrollment Services that will tell you when you can start using your HealthChoices plan. You will also get a card and letter from your new HealthChoices plan. You will use your HealthChoices plan for all of your medical and dental care. Continue to use your ACCESS card for medical transportation.

What if I don't have an ACCESS card?

If you don't have an ACCESS card, use the ACCESS number on your notice until your ACCESS card arrives. If you lost your card, ask us for a new one.

What do I need to do?

The people listed on the notice should choose a HealthChoices plan. You will get a packet of information about the managed care plans and how to choose one. If you do not choose a plan, DHS will choose one for you. To choose a plan or to learn more, visit www.enrollnow.net or call 1-800-440-3989.

**To learn more about the Medicaid expansion, visit
www.HealthChoicesPA.com**



El Departamento de Servicios Humanos (DHS) está expandiendo su programa de Medicaid. Ahora se le brindará cobertura de atención médica por medio de Medicaid, también llamada Asistencia Médica.

¿Qué está cambiando?

La Opción de Cobertura Privada (PCO por sus siglas en inglés) está finalizando. Esto forma parte de la expansión de Medicaid en Pennsylvania. Todas las personas que estén en el PCO se trasladarán a Asistencia Médica (MA, por sus siglas en inglés). Ahora usted recibirá el nuevo paquete de beneficios para adultos y usará los planes de atención médica administrados por HealthChoices.

¿Quién cambiará de plan?

Las personas que están enumeradas en el aviso se pasarán a MA ahora.

¿Cuándo comenzará?

Su cobertura bajo MA comenzará el 27 de julio. Desde el 27 de julio hasta el 1 de septiembre, use su tarjeta PCO para recibir la mayoría de su atención médica. A partir del 27 de julio, use su tarjeta ACCESS para recibir atención dental y transporte médico no urgente (matp.pa.gov).

Recibirá una carta de los Servicios de Inscripción de PA que le indicará cuándo puede comenzar a usar su plan HealthChoices. También recibirá una tarjeta y una carta de su nuevo plan HealthChoices. Usará su plan HealthChoices para toda su atención médica y dental. Seguirá usando su tarjeta ACCESS para el transporte médico.

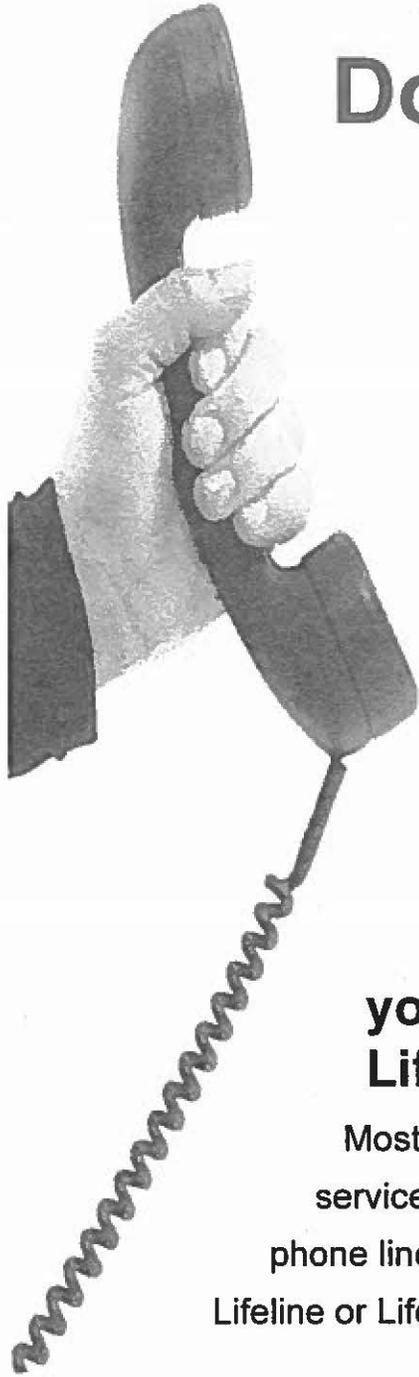
¿Qué sucede si no tengo la tarjeta ACCESS?

Si no tiene la tarjeta ACCESS, use el número ACCESS que está en su aviso hasta que su tarjeta ACCESS llegue. Si perdió su tarjeta, solicite una nueva.

¿Qué tengo que hacer?

Las personas que están enumeradas en el aviso deben escoger un plan HealthChoices. Usted recibirá un paquete con información sobre los planes de atención médica administrada y sobre cómo usarlos. Si no elige un plan, DHS le asignará uno. Para elegir un plan u obtener más información, visite www.enrollnow.net o llame al 1-800-440-3989.

Para obtener más información sobre la expansión de Medicaid, visite www.HealthChoicesPA.com.



Do you need help with your phone bill?

If you get any of these:

- ✓ Supplemental Nutrition Assistance Program,SNAP;
- ✓ Cash Assistance;
- ✓ Medical Assistance, MA;
- ✓ National School Free Lunch Program;
- ✓ Federal Public Housing Assistance;
- ✓ Supplemental Security Income, SSI; or,
- ✓ Low Income Home Energy Assistance Program,LIHEAP,

you may also be able to get Lifeline or Lifeline 135.

Most phone companies in Pennsylvania provide Lifeline service. These programs lower your phone costs for one phone line. Verizon and Verizon North customers can get Lifeline or Lifeline 135. All other customers get Lifeline 135.

Start saving today!

See the other side of this flier for a Lifeline form.



pennsylvania

DEPARTMENT OF HUMAN SERVICES

www.dhs.state.pa.us

PA 1799 SG 3/12



Pennsylvania Telephone Companies Offering Lifeline Service

Find your local phone company listed below and mail in your form today. For faster service, call your local phone company directly to enroll. To find the local phone company for your county, please visit the Public Utility Commission's web site at

www.puc.state.pa.us

Armstrong Tel. Company NORTH
693 Main Street, P.O. Box 342
Duke Center, PA 16729
814-966-3207

Hancock Telephone Co.
P.O. Box 608
Hancock, NY 13783
607-637-9911

Palmerton Telephone Company
P.O. Box 215
Palmerton, PA 18071
610-826-2115

Venus Telephone Corporation
County Line Road, Box 75
Venus, PA 16364
814-354-2192

Armstrong Tel. Company - PA*
1755 State Route 30
Clinton, PA 15026-0418
724-899-2211
**for customers living in Clinton, PA only*

Hickory Telephone Co.
75 Main Street
Hickory, PA 15340-1118
724-356-2211

Pennsylvania Telephone Company*
191 Middle Road
Jersey Shore, PA 17740
570-745-7101
**only serves 570 area code/745 prefix*

Verizon Lifeline Service- PA
P.O. Box 33075
St. Petersburg, FL 33733-8075
1-800-VERIZON
1-800-837-4966

CenturyLINK
(Formerly known as Embarq)
P.O. Box 7086
London, KY 40742
1-800-829-8009

Ironton Telephone Company
4242 Mauch Chunk Road
Coplay, PA 18037
610-799-3131

Pymatuning Independent Tel. Co.
5 Edgewood Drive
Greenville, PA 16125
724-646-5400

West Side Telecommunications
1449 Fairmont Road
Morgantown, WV 26501
1-800-296-9113

Citizens Telephone Co. of Kecksburg
P.O. Box 156
Mammoth, PA 15664
724-423-4444

Lackawaxen Telephone Company
P.O. Box 8, Route 590
Rowland, PA 18457
570-685-7111

RCN Quality Assurance
Must be faxed to:
570-270-1322

Windstream
ATTN: Support Services - Lifeline
1720 Galleria Blvd.
Charlotte NC 28270
800-347-1991
FAX: 707-849-7000

Consolidated Communications
4008 Gibsonia Road
Gibsonia, PA 15044-0395
724-443-9521

Laurel Highland Telephone Co.
P.O. Box 168
Stahlstown, PA 15687
724-455-2411

Service Electric Telephone
4242 Mauch Chunk Road
Coplay, PA 18037
610-841-4100

Yukon Waltz Telephone Co.
P.O. Box 398
Yukon, PA 15698-0398
724-722-3131

Fairpoint Communications
Must call:
1-800-400-5568

North Penn Telephone Co.
4145 State Route 549
Mansfield, PA 16933
570-549-3705

South Canaan Telephone Co.
P.O. Box 160
South Canaan, PA 18459
570-937-4114

Frontier Communications
39 Public Square, P.O. Box 5900
Wilkes-Barre, PA 18773-5900
800-225-5282

Northeastern PA Telephone Co.
720 Main Street, P.O. Box D
Forest City, PA 18421-0150
570-785-3131

TDS Telecom - Lifeline
P.O. Box 608
Lancaster, WI 53813
1-888-837-1347
Toll Free Fax: 1-877-271-2861

Lifeline Enrollment Form

| | | | | |
|---|--------------------------------|------------|--------------------------------------|---------------------|
| Please print the name and address of the person applying for Lifeline Service. | | | Date / / | |
| Last Name | | First Name | | Middle Initial |
| Street/Apartment No. | | City | | State Zip Code |
| County | Telephone Number () | | Name of Telephone Company (if known) | |
| Signature of Applicant | | | | |

I understand that my telephone company may contact me for information to qualify for Lifeline.

If you have any questions about this notice...

You should take time to review this notice for accuracy.

If you have questions about this notice or your benefits, you can call the Statewide Customer Service Center at 1-877-395-8930.

In Philadelphia, call 1-215-560-7226.

The call is free. Call Monday through Friday between 8 a.m. and 5 p.m.

If you do not agree with this decision...

Your Right to Appeal and to a Fair Hearing

What does right to appeal mean?

Your right to appeal means that you have the right to ask us to review our decision, if you think that we made a mistake. You can ask a judge to review the county assistance office's (CAO) decision at a fair hearing.

What is a fair hearing?

A fair hearing is a formal meeting where you, the CAO, and a judge can talk about your appeal. The judge will follow the law and the department's policies in making a decision. You should be prepared for the meeting. If you want to present any evidence that supports your claim that the decision was not correct, bring that evidence with you.

How can you ask for a fair hearing?

- Call the CAO to ask for a fair hearing, and
- Mail the completed, attached Fair Hearing Form to the CAO or
- Take the completed, attached Fair Hearing Form to the CAO.

Note: You do not have to complete the Fair Hearing Form if the decision is for SNAP (Food Stamps), but it's easier for us to track your appeal if you do.

Do you need legal help?

You can ask for free legal help by visiting Legal Services at [REDACTED] at [REDACTED] or by calling [REDACTED]

If you want to file an appeal and ask for a Fair Hearing...

1. If you want to appeal our decision, fill out and sign the Fair Hearing form included in this packet.
2. Choose the kind of fair hearing you want:
 - A telephone hearing at a place you choose. Tell us which phone number to use, such as your own, or a friend or relative's phone number. If you choose this kind of hearing, make sure we can reach you at this phone number.
 - ▶ The judge will call you, your witnesses, anyone helping you, and the CAO.
 - A telephone hearing at the CAO. You will go to the CAO for your hearing.
 - ▶ The judge will call you there in the office, and call anyone helping you.
 - A face-to-face hearing with you and the people you bring in the hearing room with a judge and CAO staff on the phone.
 - ▶ You and anyone helping you will be in the hearing room with a judge. The CAO staff will be on the phone.
 - ▶ You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
 - A face-to-face hearing with you and the people you bring in the hearing room with you with a judge and the CAO staff in the hearing room.
 - ▶ The judge, you, CAO staff, witnesses, and anyone helping you will be in the room.
 - ▶ You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.



3. Mail the form to: [REDACTED]

or give this form to the CAO.

- a. For Cash Assistance, Health Care, LIHEAP or SSP, you must mail or give the form to the CAO within 30 days of the mailing date on your letter.
- b. If you are applying for SNAP and you do not agree with the decision, you must mail or give the form to the CAO within 90 days of the mailing date on your letter.
- c. If you already get SNAP and you do not agree with the decision, you must mail, call or give the form to the CAO within 90 days of the first day of the month that your benefits change.

Reminder: You may continue to receive your benefits while you wait for your fair hearing if:

1. This letter tells you that your benefits will stop or be reduced; and
 - This letter provides you a date to request an appeal and to continue your benefits while you wait for the Fair Hearing Decision; and
 - Your request for appeal is received or postmarked by that date and you do not waive continuation of benefits; OR
2. This letter tells you that your benefits will stop or be reduced; and
 - The reason for this change is because of information you provided on a semiannual reporting form; and
 - Your request for appeal is received or postmarked within 10 days of the mailing date on this letter and you do not waive continuation of benefits.

Get ready for a hearing...

Can you talk with us before the fair hearing?

Yes. You will get a letter from the CAO asking if you want to meet before the fair hearing takes place. A meeting before the hearing is called a pre-hearing conference. This meeting will not delay or replace your fair hearing. You can use this meeting to tell us if you have information that you think might change our decision. You can bring someone to speak for you if you want to.

Can you get a copy of any information we used to make our decision?

Yes, you can ask for a copy of all the documents that will be used at the hearing.

Who can come to the hearing?

You can bring anyone to the hearing, such as witnesses who might have information. You can speak for yourself or bring someone to speak for you who knows more about the rules of the program.

What if you speak another language, are deaf or have another disability?

You can ask for an interpreter to be at the fair hearing, or other assistance, on the attached Fair Hearing Form. This is a free service. You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.

At the hearing...

What happens at a fair hearing?

You will have time to tell the judge your side of the case. Someone can speak for you (if you want), and your witnesses can speak. You may show documents to the judge.

When will you know what the judge decides?

The judge will send you the decision within 90 days (within 60 days for SNAP) of the day you asked for the hearing.

You may have to pay back some or all of the benefits you got while waiting for your hearing.

What happens if the judge decides the CAO is right?

If the judge decides that the CAO made the right decision, your benefits will change or stop.

- ▶ You may have to pay back some or all of the benefits you got while waiting for your hearing.

What if you do not agree with the judge's decision?

You can appeal again. The judge's decision letter will tell you how to appeal.

Fair Hearing Form

1. Name: [REDACTED]

Case Number: [REDACTED]

Phone number:

Address: [REDACTED]

2. Tell us which program you want to appeal:

- Medical Assistance
- Healthy PA Private Coverage Option

3. Do you want your SNAP benefits to continue at the same amount pending the hearing decision? Yes No

4. Choose the way you want your hearing:

- By telephone, at the phone number you write on this form
- By telephone, at the CAO.
- Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone.
- Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room.

Reminder: You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

5. Do you need a free interpreter? Yes No

If yes, what language? _____

6. If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you. There is no cost to you for this service.

7. Tell us why you disagree with this decision: _____

8. Signature: _____

9. Date: _____

If someone will be helping you with your appeal, please fill out the information for the representative below.

9. Representative Name: _____

10. Representative Address: _____

11. Representative Telephone Number: _____

The Bureau of Hearings and Appeals will send you a letter to tell you when and where your hearing will be.

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Your Medical Assistance benefit package is called **Adult** and is for people who are age 21 and older.

Welcome to Medical Assistance

Here are some helpful tips on using Medical Assistance:

- Be sure to carry your ACCESS card with you at all times. When you go to get health care services, please show all of your insurance cards, including your ACCESS card.
- If you need a new ACCESS card, call 1-877-395-8930. If you live in Philadelphia, call: 1-215-560-7226.
- If you are enrolled in a HealthChoices Managed Care Organization (MCO) please check with your MCO. The MCO may provide more services than those required by the Medical Assistance program.

You may get these services (with no limits, unless one is listed):

- Primary Care Provider
- Certified Registered Nurse Practitioner
- Independent Clinic
- Podiatrist Services
- Chiropractic Services
- Laboratory
- Radiology (Examples: X-rays, MRIs, CTs)
- Outpatient Hospital Short Procedure Unit
- Non-Emergency Transport (Only to and from MA covered services)
- Renal Dialysis**
- Inpatient Acute, Rehab or Psychiatric Hospital
- Maternity – Physician, Certified Nurse, Midwives, Birth Centers
- Mobile Mental Health Treatment
- Methadone Maintenance
- Psychiatric Partial Hospital
- Targeted Case Management – Behavioral Health Only (Limited to individuals with SMI only)
- Prescription Drugs)
- ICF/ID and ICF/ORC (Requires an institutional level of care)
- Eyeglass Lenses (Limited to individuals with aphakia; 4 lenses per calendar year)
- Contact Lenses (Limited to individuals with aphakia; 4 lenses per calendar year)
- Durable Medical Equipment
- Therapy (Physical, Occupational, Speech)- Habilitative and Rehabilitative (Only when provided by a hospital, outpatient clinic, or home health provider)
- Physician Office
- Federally Qualified Health Center/Rural Health Clinic (No limits except for Dental Care Services as described below)
- Outpatient Hospital Clinic
- Hospice Care (Respite care may not exceed 5 total days in a 60-day certification period.)
- Optometrist Services (2 visits/exams per calendar year)
- Dental Care Services*
- Outpatient Ambulatory Surgical Center
- Family Planning Clinic
- Emergency Room/Ambulance
- Inpatient Drug & Alcohol
- Outpatient Psychiatric Clinic
- Skilled Nursing Facility
- Outpatient Drug & Alcohol
- Clozapine
- Peer Support
- Targeted Case Management – other than Behavioral Health (Limited to individuals identified in the target group)
- Nutritional Supplements
- Home Health Care (Unlimited for first 28 days, limited to 15 days every month after the first 28 days)
- Eyeglass Frames (Limited to individuals with aphakia; 2 frames per calendar year)
- Medical Supplies
- Crisis Services
- Tobacco Cessation***
- Prosthetics and Orthotics (Orthopedic shoes and hearing aids are not covered, Coverage for low vision aids is limited to 1 per 2 calendar years; Coverage for eye ocular is limited to 1 per calendar year)

*Key Dental Limitations include: Dentures (1 per lifetime), Exams/prophylaxis (1 per 180 days), Crowns, Periodontics and Endodontics (only via approved benefit limit exception).

**Initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility limited to no more than 75 per calendar year.

***Tobacco cessation is one of the preventative services recommended by the US Preventative Services Task Force. For a full listing of preventative services, contact your MCO. Limited to 70 visits per calendar year.

If you are enrolled in a HealthChoices MCO, please check with your MCO regarding benefit limits. If you need services that exceed the limit, you or your doctor may request a benefit limit exception. If you are not enrolled in an MCO and have questions about these limits, please talk with your health care provider or call 1-800-537-8862, press Option #2, then Option #3.

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