Managed Care in Pennsylvania

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

As of July 2011, over 80 percent of all Medicaid beneficiaries were enrolled in some form of managed care. Pennsylvania began experimenting with various managed care arrangements in the 1970's, beginning with the introduction of its **Voluntary Managed Care Program**, a comprehensive risk-based MCO program available to most Medicaid beneficiaries in certain counties in 1972. Over the years the state expanded managed care, and in 1997 the state introduced **Pennsylvania HealthChoices,** a risk-based managed care program that was initially offered on a voluntary basis in certain counties, and over time, expanded to cover more counties and services, and enrollment became mandatory for most Medicaid beneficiaries living in the counties where the program operates. The program covers acute, primary and some specialty services, as well as dental care. The State's Office of Mental Health and Substance Abuse Services oversees the behavioral health (BH) component of the HealthChoices program, and services are provided by behavioral health plans under contract with each county. In 2005, the state expanded managed care with the introduction of the **ACCESS Plus** program, a primary care case management program that operates in 22 rural counties, and is available for beneficiaries who do not voluntarily choose a HealthChoices MCO in those counties. The state also has two other managed care programs: (1) **the Program for the All-Inclusive Care for the Elderly (PACE),** which in Pennsylvania is known as Living Independence for the Elderly (LIFE), provides a full continuum of acute, primary and long term services to aged and disabled adults age 55 and older in certain regions, and (2) **Non-emergency Transportation** contract.

In 2012, the state began a major expansion of the HealthChoices program by requiring mandatory enrollment in MCOs all counties throughout the state in 2013, and phased out the ACCESS Plus program and voluntary managed care as of February 28, 2013.

Participating Plans, Plan Selection, and Rate Setting

The state currently contracts with ten plans to manage care for beneficiaries, including **three national, for profit plans** (Aetna Better Health, UnitedHealthcare Community Plan, and Coventry Cares Health Plan), and **three national, not-for-profit plans** (AmeriHealth Caritas Pennsylvania, AmeriHealth Northeast, and Keystone First). The state also contracts with **three local, not-for-profit plans**, (UPMC for You, Health Partners of Philadelphia, and Geisinger), and **one local, for profit plan** (Gateway Health Plan). The state also contracts with **five Behavioral Health Organizations** (Magellan Behavioral Health; Community Care Behavioral Health Organization; Community Behavioral Health; PerformCare; and Value Behavioral Health of Pennsylvania) to manage the behavioral health component of HealthChoices. Plans are selected through competitive procurement, and the state sets rates through negotiation and an administrative process using actuarial analyses.

Quality and Performance Incentives

Like most other states, Pennsylvania requires plans to report data on HEDIS, CAHPS, and other quality measures. The state implemented a pay for performance (P4P) program in 2005, rewarding HealthChoices plans for performance relative to NCQA HEDIS benchmarks with payment incentives. The plans were also rewarded for year-to-year performance. To discourage poor performance, the state introduced an "offset component" for performance below the 50th percentile benchmark in 2008. In 2013, the Medicaid agency began to consider new ways to improve the P4P program.*

Table: Managed Care Program Features, as of August 2014

Program Name	HealthChoices		Living Independence for the Elderly (LIFE)	Medical Assistance Transportation
Program Type	MCO	Behavioral Health PIHP	PACE	Transportation PAHP
Program Start Date	February 1997	February 1997	October 1998	November 2005
Statutory Authorities	1915(b) – Waiver Program	1915(b) – Waiver Program	PACE	1902(a)(70)
Geographic Reach of Program	County	County	Statewide	County
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*				
Aged	X	X	X	X
Disabled Children & Adults	X	X	X (age 55+)	X
Children	X	X		X
Low-Income Adults	X	X		X
Medicare-Medicaid Eligibles ("duals")	X (except partial duals age 21+)	X (except partial duals age 21+)	X	X
Foster Care Children	X	X		X
American Indians/ Alaska Natives				X
Mandatory or Voluntary enrollment?	Mandatory	Mandatory	Voluntary	Voluntary
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the benefit package.)*				
Inpatient hospital	X		X	
Primary Care and Outpatient Services	X		X	
Pharmacy	X		X	
Institutional LTC			X	
Personal care/HCBS	X		X	
Inpatient Behavioral Health Services		X	X	
Outpatient Behavioral Health Services		X	X	
Dental	X		X	

Program Name	HealthChoices		Living Independence for the Elderly (LIFE)	Medical Assistance Transportation
Transportation	X	X	X	X
Participating Plans or Organizations	1. Aetna Better Health 2. AmeriHealth Caritas 3. AmeriHealth Northeast 4. Coventry Cares Health Plan 5. Gateway Health Plan 6. Geisinger Health Plan 7. Health Partners Plans 8. Keystone First Plan 9. United Healthcare Community Plan of PA 10. UPMC Health Plan Inc./UPMC for You	1. Community Care Behavioral Health: 38 Counties 2. Community Behavioral Health: 1 County 3. Magellan Behavioral Health: 13 counties 4. PerformCare: 9 Counties 5. Value Behavioral Health of PA: 14 Counties	For a list of current LIFE providers, visit the PA website: http://www.dpw.state.pa.us/fordisabilityservices/alternativestonursinghomes/lifelivingindependencefortheelderly/index.htm	Transportation is county based except in Philadelphia County where Logisticare Solutions, LLC is the provider and operates under 1902(a)(70) SPA authority.
Uses HEDIS Measures or Similar	X	X		
Uses CAHPS Measures or Similar	X	X		
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	X	NA	NA
State Requires MCO Accreditation	X	NA	NA	NA
External Quality Review Organization	IPRO			
State Publicly Releases Quality Reports	Yes			

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.

Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* For more information, see http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/s_002207.pdf