



OPEN MINDS

Pennsylvania Health & Human Services System Market Profile



Pennsylvania Health & Human Services Market Profile Overview

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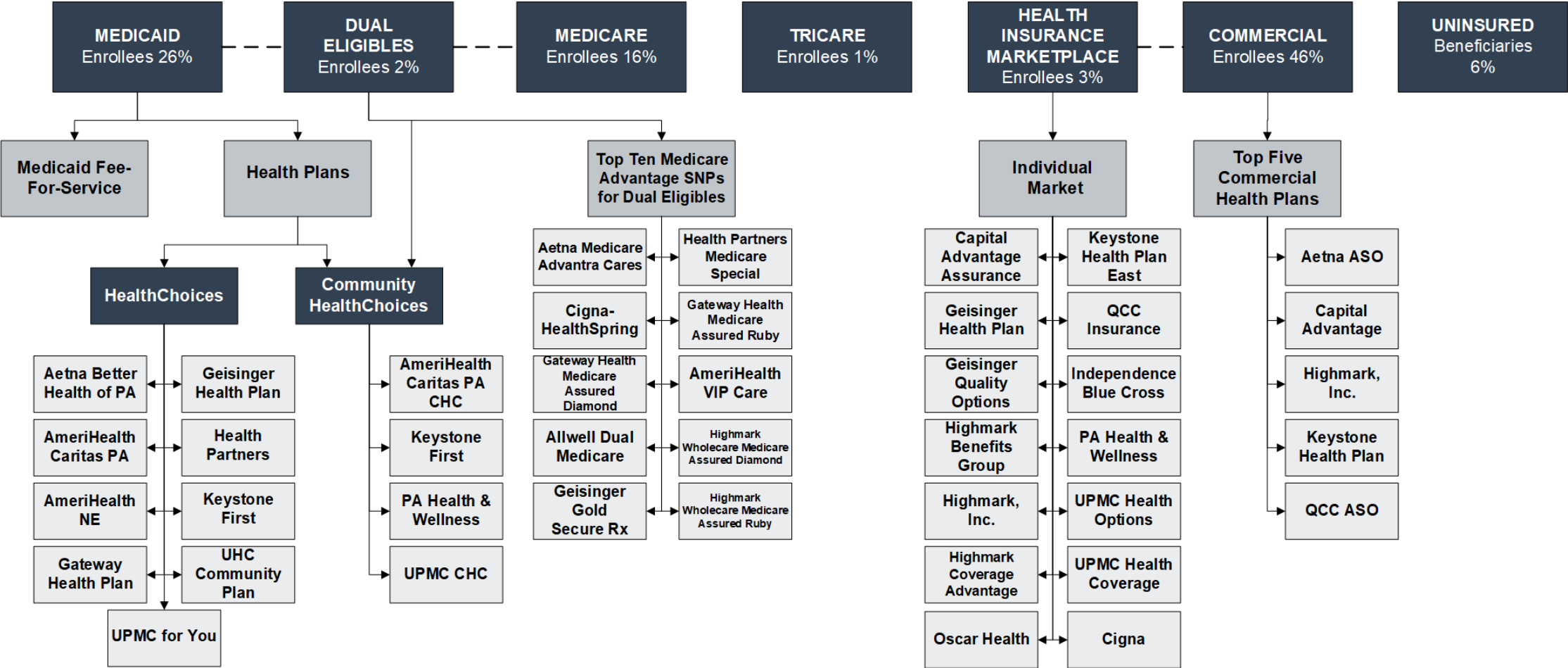
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A. Executive Summary

A.1. Pennsylvania Physical Health Care Coverage by Payer

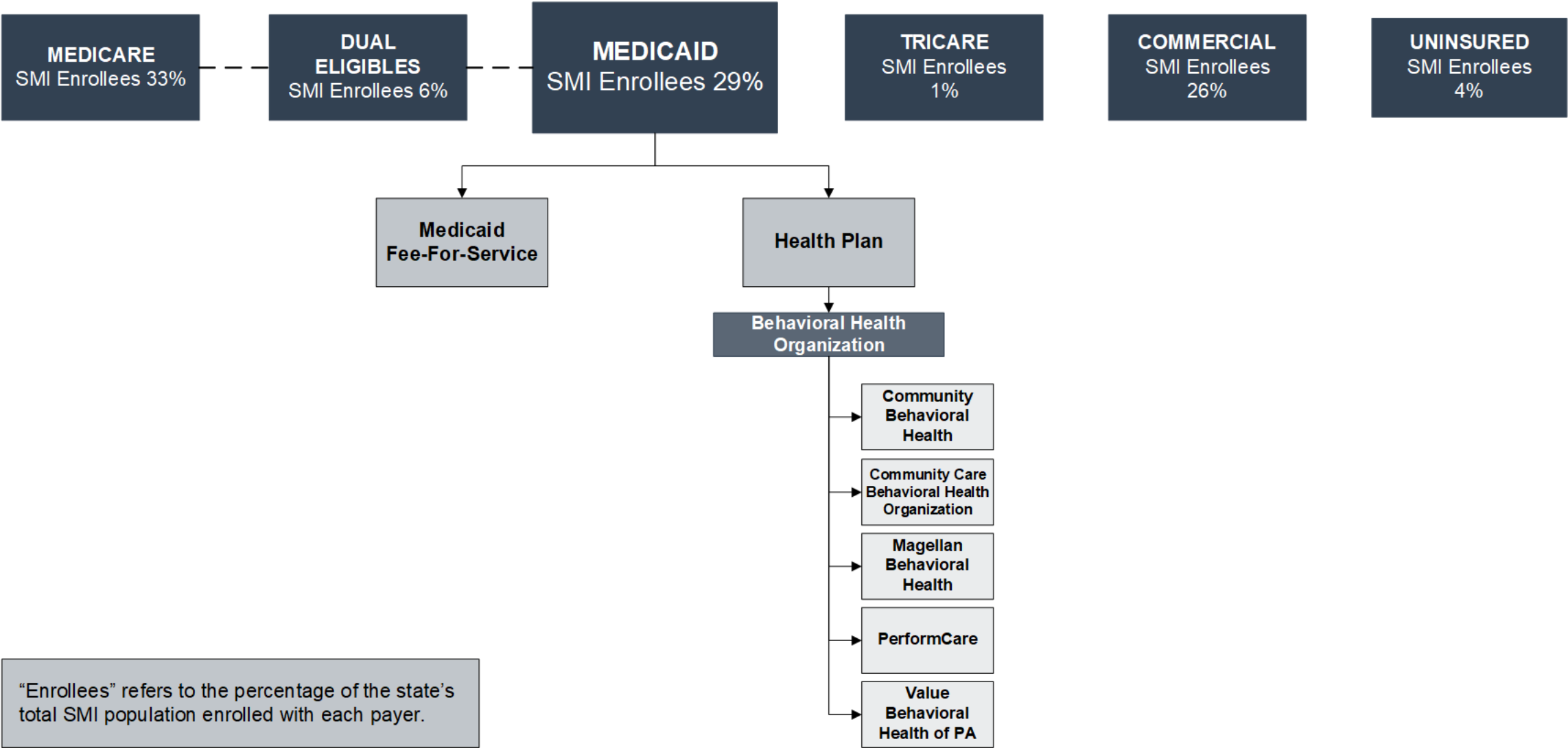
Total Pennsylvania Population- 12,964,056

Estimated SMI Population- 910,094



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer

A.1. Pennsylvania Behavioral Health Care Coverage by Payer



Totals may not equal 100% due to rounding.

A.2. Health & Human Services System Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Yes, the health plans are responsible for care coordination and integration with the behavioral health managed care organizations (BH-MCOs).
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None, but ACOs are one option health plans can utilize to meet value-based reimbursement (VBR) requirements.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		There is no statewide program, but health plans can utilize PCMHs to meet VBR requirements.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Yes, the Community HealthChoices program became a statewide program in 2020.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Yes, Pennsylvania certified the former eight CCBHCs, now CCBHOs, from the pilot phase of the program and moved them to state funding.
Other Care Coordination Initiatives	✓	Other initiatives include opioid Centers of Excellence, integrated care incentives, and non-ACA health homes for pregnant women with addiction disorder.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

The Department of Health provides funding to state health centers and county and municipal health departments to deliver physical health services to the safety-net population.

Mental Health Services

The Department of Human Services, Office of Mental Health and Substance Abuse Services oversees the delivery of safety-net mental health services administered by the county Mental Health and Developmental Services offices.

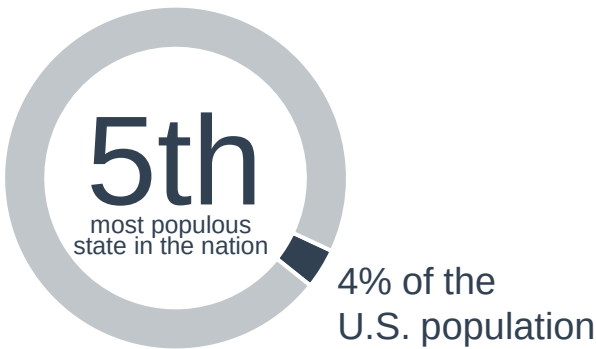
Addiction Treatment Services

The Department of Drug and Alcohol Programs and the Department of Human Services provide funding to the single county authorities for addiction treatment safety-net services.

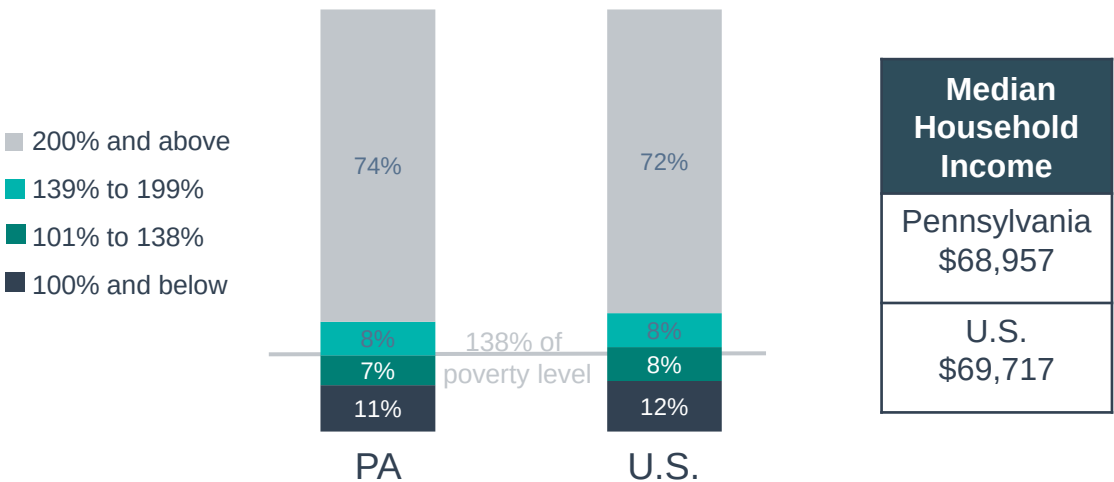
B. Behavioral Health System Overview

B.1. Population Demographics

Total Pennsylvania Population- 12,964,056
Estimated SMI Population- 910,094



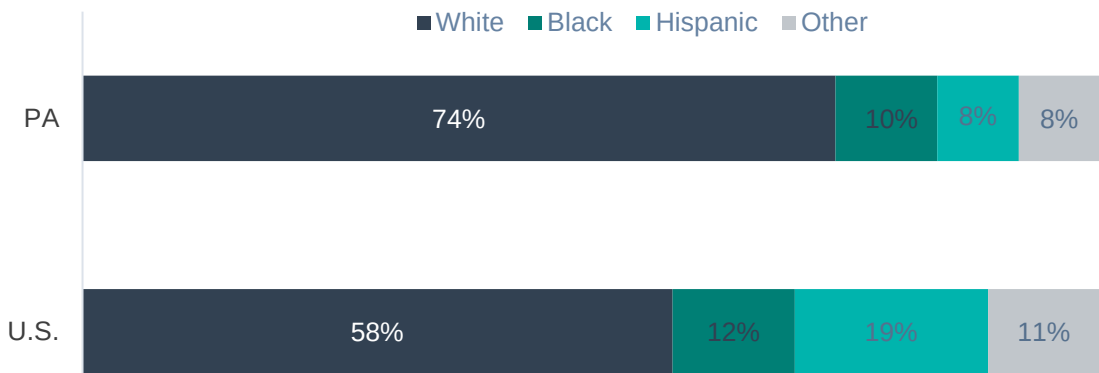
Population Distribution By Income To Poverty Threshold Ratio



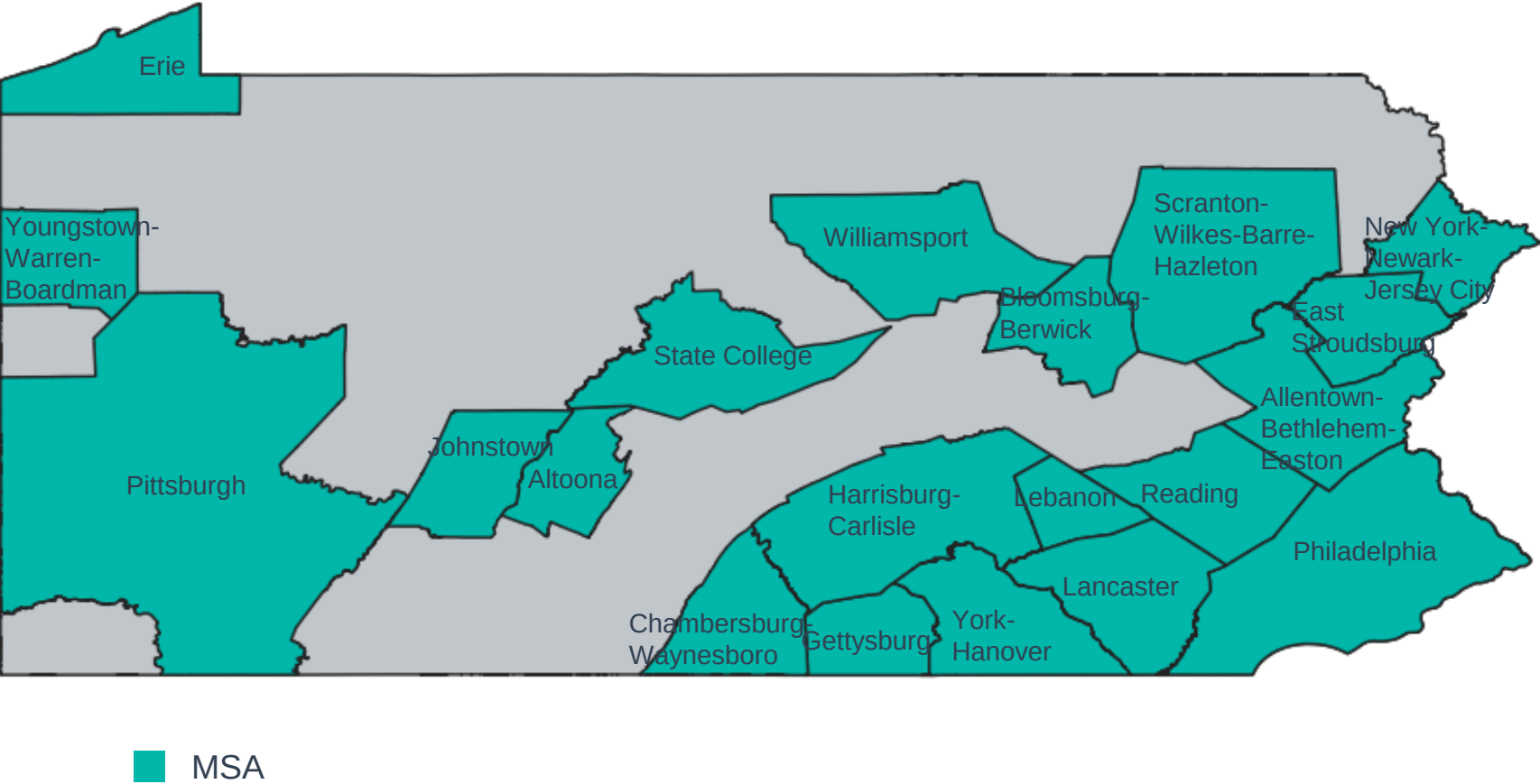
Population Distribution By Age



Pennsylvania & U.S. Racial Composition

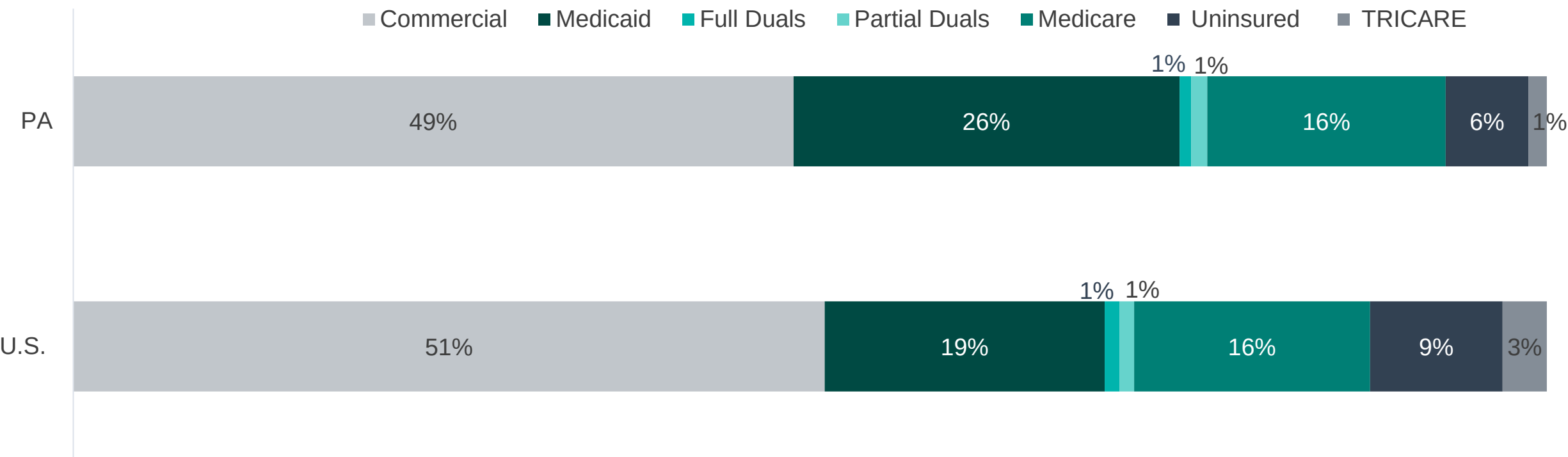


B.2. Population Centers

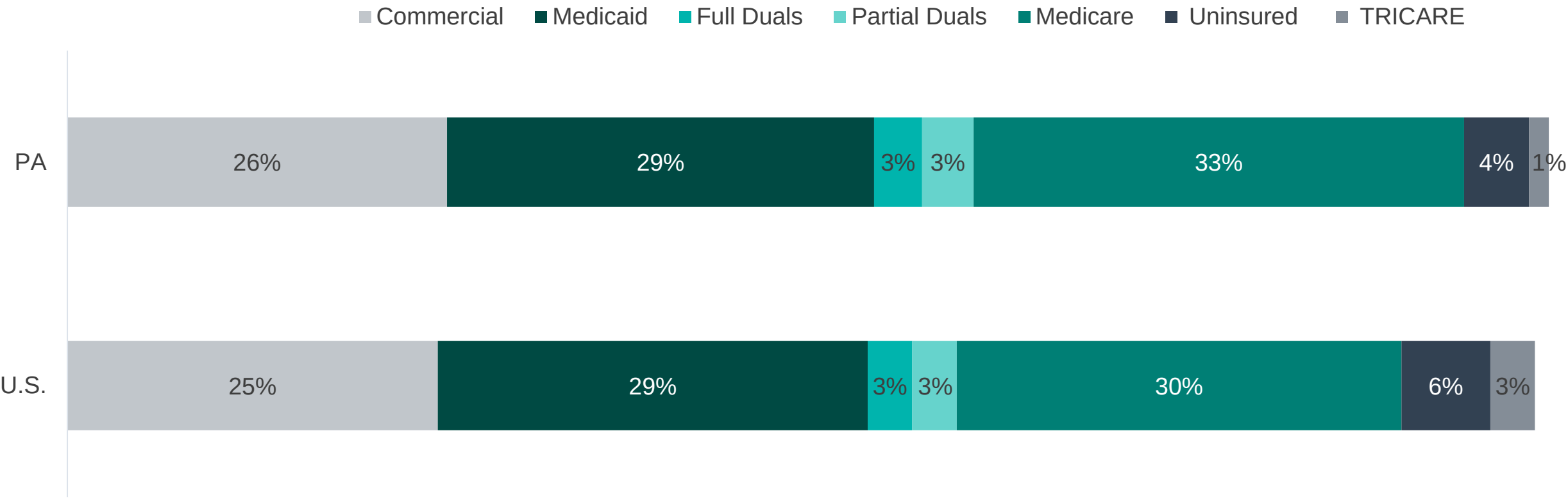


Metropolitan Statistical Areas (MSAs)		
MSA	PA MSA Population	Percentage
Total MSAs	14,041,481	-
Philadelphia-Camden-Wilmington, PA-NJ,DE,MD	6,228,601	48%
Pittsburgh, PA	2,353,538	18%
Allentown-Bethlehem-Easton, PA-NJ	865,310	7%
Harrisburg-Carlisle, PA	596,305	5%
Scranton-Wilkes-Barre, PA	567,750	4%
Lancaster, PA	553,652	4%
York-Hanover, PA	458,696	4%
Reading, PA	429,342	3%
Erie, PA	269,011	2%
Other MSAs	1,719,276	13%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Pennsylvania Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Highmark Health Services	Commercial	2,658,831
QCC Insurance Company Personal Choice	Commercial	1,322,841
Pennsylvania Medicare Fee-For-Service (FFS)	Medicare	1,292,861
Aetna ASO	Commercial Administrative Services Only (ASO)	932,144
Pennsylvania Medicaid Fee-For-Service (FFS)	Medicaid	701,396
Capital Advantage Assurance Company	Commercial	598,899
UPMC For You	Medicaid managed care	461,594
Keystone First HealthChoices	Medicaid managed care	456,775
Keystone Health Plan East	Commercial	445,301
Cigna ASO	Commercial ASO	387,954

*Medicare enrollment as of March 2023; Medicaid as of March 2023; TRICARE as of December 2022; Commercial as of March 2023

B.4. Largest Pennsylvania Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Pennsylvania Medicare Fee-For-Service (FFS)	Medicare	1,292,861	206,858
Highmark Health Services	Commercial	2,658,831	109,012
Pennsylvania Medicaid Fee-For-Service (FFS)	Medicaid	701,396	60,320
QCC Insurance Company Personal Choice	Commercial	1,322,841	54,236
UPMC For You	Medicaid managed care	461,594	39,697
Keystone First HealthChoices	Medicaid managed care	456,775	39,283
Aetna ASO	Commercial ASO	932,144	38,218
Gateway Health Plan HealthChoices	Medicaid managed care	292,233	25,132
UPMC for Life HMO Rx	Medicare advantage	154,156	24,665
Capital Advantage Assurance Company	Commercial	598,899	24,555

*Medicare enrollment as of March 2023; Medicaid as of March 2023; TRICARE as of December 2022; Commercial as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace	3%
Type of Marketplace	State
Individual Enrollment Contact	https://pennie.com/
	1-844-844-8040
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans	
1.	Capital Advantage Assurance Company
2.	Cigna
3.	Geisinger Health Plan
4.	Geisinger Quality Options
5.	Highmark, Inc
6.	Highmark Benefits Group
7.	Highmark Coverage Advantage
8.	Highmark, Inc.
9.	Keystone Health Plan East, Inc.
10.	Oscar Health
11.	Pennsylvania Health & Wellness, Inc.
12.	QCC Insurance Company
13.	UPMC Health Options, Inc.
14.	UPMC Health Coverage
2023 Small Group Market Plans	
None	

B.6. Accountable Care Organization

Commercial ACOs	
ACO	Commercial Insurer
Abington Health	Independence Blue Cross
Accountable Care Organization of Pennsylvania, LLC	Independence Blue Cross, Humana
Atlantic Accountable Care Organization (AHS ACO, LLC)	Aetna, UnitedHealthcare
Bridges Health Partners	Aetna, Cigna, Humana
Children's Hospital of Philadelphia (CHOP)	Aetna
Lancaster General Health Community Care Collaborative, LLC	Highmark
Penn Medicine (IBC)	Independence Blue Cross
Tandigm Health	Independence Blue Cross
UPMC Pinnacle Health System	Aetna, Capital BlueCross
Valley Preferred	Aetna, Cigna
Wellspan Health	Aetna

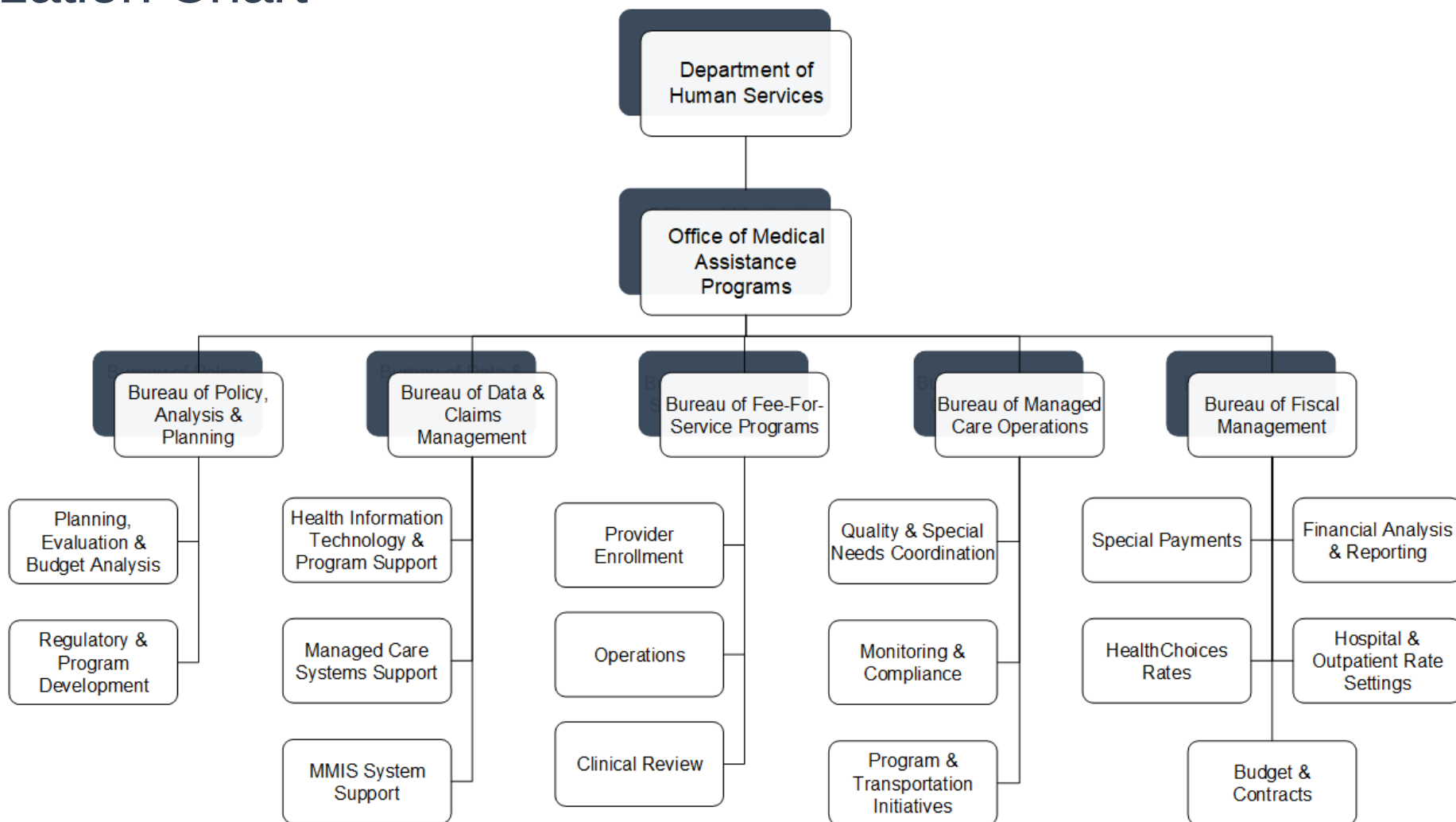
End-Stage Renal Disease ACOs	
1.	Fresenius Seamless Care of Erie Valley
2.	Fresenius Seamless Care of Philadelphia
3.	Independence Kidney Care Alliance, LLC
4.	Philadelphia-Camden Integrated Kidney Care ESCO

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs		
1. Accountable Care Medical Group of Florida	15. Christiana Care Quality Partners ACO, LLC	27. Lehigh Valley Health Network Accountable Care Organization
2. Accountable Care Organization of Pennsylvania, LLC	16. CHSPSC ACO 13, LLC	28. LTC ACO
3. ACO West Virginia	17. Community Care Collaborative of Pennsylvania and New Jersey	29. Mid-Atlantic Collaborative Care
4. AdvantagePoint Health Alliance – Laurel Highlands	18. Crystal Run Healthcare ACO, LLC	30. Optimum Independence Practice Association, LLC
5. Aledade Accountable Care 15, LC	19. Delaware Valley ACO	31. Physician Partners of Western PA
6. Aledade Accountable Care 22, LLC	20. DVACO-3, LLC	32. Physicians Accountable Care Solutions
7. Aledade Accountable Care 48, LLC	21. Einstein Care Partners	33. Princeton HealthCare Partners, LLC
8. Aledade Delaware ACO, LLC	22. Healthcare Quality Partners, LLC	34. Crozer ACO/ Prospect Health Services PA, Inc
9. Aledade Primary Care ACO, LLC	23. Healthier Communities ACO, LLC	35. St Luke's Shared Savings Plan, LLC
10. Bridges Health Partners	24. Heritage Valley Healthcare Network ACO	36. Steward National Care Network, Inc
11. Capital Health Accountable Care Organization, LLC	25. Keystone Accountable Care Organization	37. Trinity Integrated Care, LLC
12. Caravan Health ACO 17, LLC	26. Lancaster General Health Community Care Collaborative	38. United Medical, LLC
13. Carroll ACO, LLC		39. Wellspan Population Health Services
14. Central PA Health Network		

C. Medicaid Administration, Governance & Operations

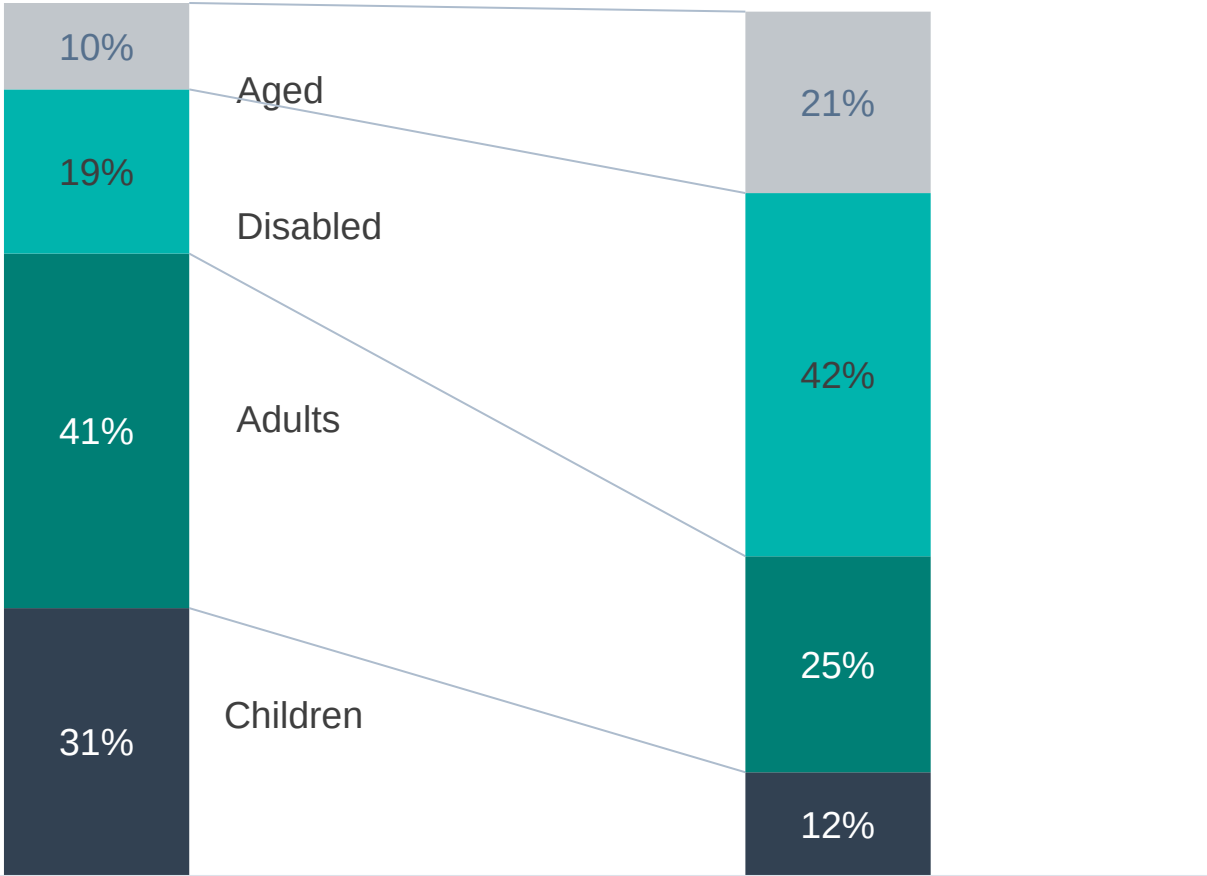
C.1. Medicaid Governance: Office of Medical Assistance Programs Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Valerie Arkoosh, MD, MPH	Acting Secretary	Department of Human Services	varkoosh@pa.gov
Andrew Barnes	Executive Deputy Secretary, State Medicaid Director	Department of Human Services	abarnes@pa.gov
Sally Kozak	Deputy Secretary	Office of Medical Assistance Programs	sakozak@pa.gov
Gina Buckley	Administrative Officer	Office of Medical Assistance Programs	gbuckley@pa.gov
Gwen Zander	Director, Bureau of Managed Care Operations	Office of Medical Assistance Programs	gzander@pa.gov
Vacant	Director, Bureau of FFS Programs	Office of Medical Assistance Programs	N/A
Michele Minter	Director, Bureau of Fiscal Management	Office of Medical Assistance Programs	mminter@pa.gov

C.2. Medicaid Program Spending By Eligibility Group



*Percent of Total Medicaid Population

Percent of Total Medicaid Spending

*Based on FY 2020 data

Totals may not equal 100% due to rounding.

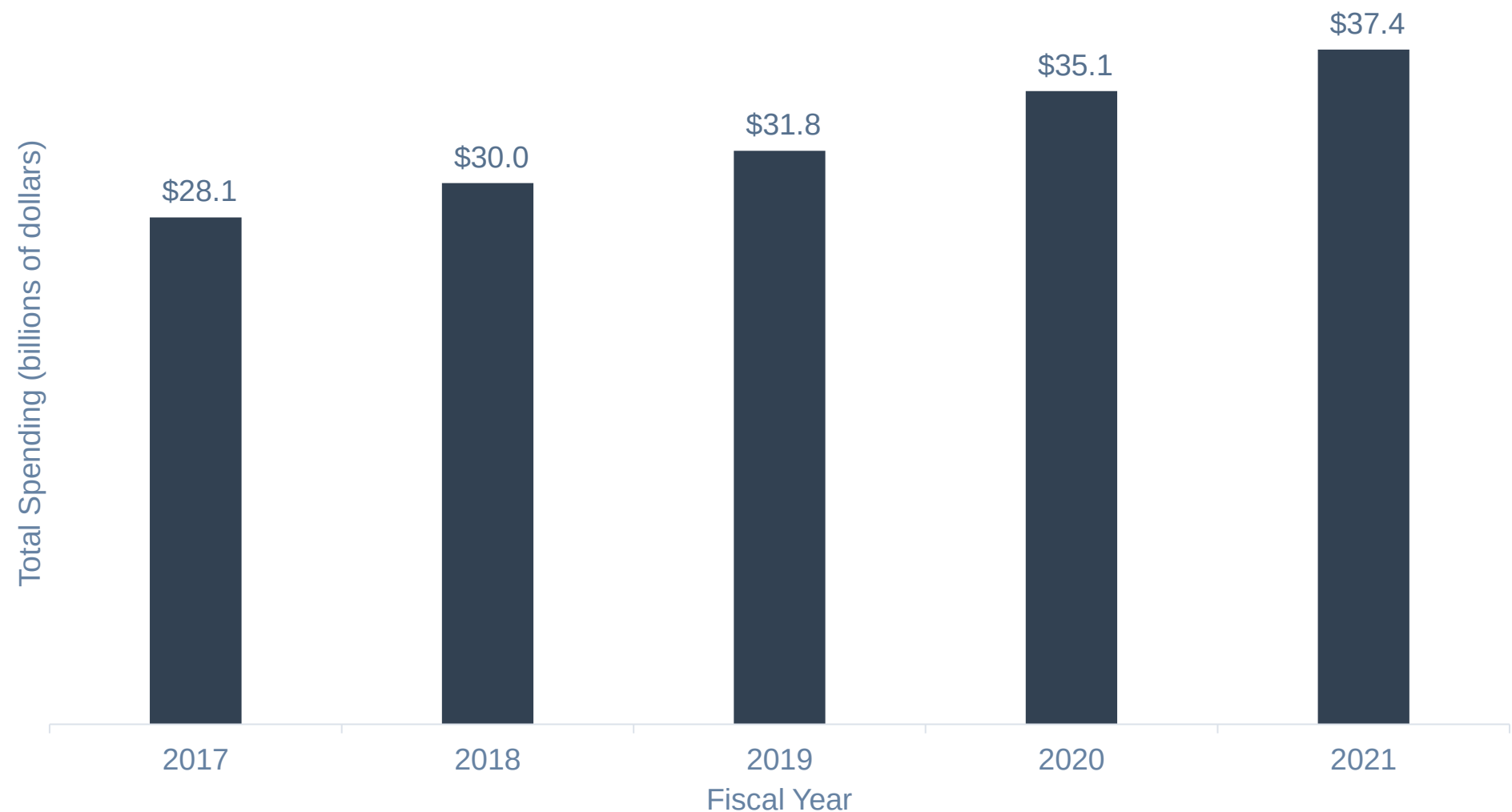
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	PA
All populations	\$8,718	\$12,155
Children	\$3,495	\$4,723
Adults	\$5,461	\$6,970
Expansion adults	\$7,227	\$7,954
Blind and disabled	\$23,123	\$24,873
Aged	\$18,552	\$26,387

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2021 Spending	Percent Of Budget
Managed care and premium assistance	\$29,429,000,000	79%
Home- and community-based LTSS	\$3,353,000,000	9%
Hospital	\$1,772,000,000	5%
Institutional LTSS	\$1,414,000,000	4%
Medicare premiums and coinsurance	\$860,000,000	2%
Other acute services	\$456,000,000	1%
Clinic and health center	\$50,000,000	<1%
Physician	\$33,000,000	<1%
Drugs	\$14,000,000	<1%
Dental	\$6,000,000	<1%
Other practitioner	\$1,000,000	<1%
Budget Total: \$37,388,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	58.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating in expansion	Yes
Date of expansion	January 2015
Medicaid eligibility income limit for able-bodied adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation used to expand Medicaid	None. The state originally expanded Medicaid using section 1115 waiver authority. State plan amendment authority for the expansion became effective in April 2015.
Number of individuals enrolled in the expansion group (September 2022)	1,128,679
Number of enrollees newly eligible due to expansion	1,065,162
Benefits plan for expansion population	Benefits for the Medicaid expansion population are identical to state plan benefits.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Pennsylvania's Optional Services

1. Podiatry
2. Optometry
3. Chiropractic services
4. Other practitioners service
5. Clinic services
6. Dental services
7. Prescribed drugs
8. Dentures
9. Prosthetic devices
10. Eyeglasses
11. Preventive services
12. Rehabilitative services
13. Services for individuals ages 65 and over in IMDs
14. Intermediate care facility services for individuals with intellectual or developmental disabilities (ICF/IDD)
15. Public institution services for individuals with I/DD
16. Inpatient psychiatric services for individuals under age 22
17. Hospice care
18. Case management
19. Nursing facility services for individuals under 21

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care-HealthChoices
Enrollment (April 2023)	701,396	3,437,457
SMI Enrollment	• Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • 16% of the SMI population in FFS; 84% in managed care	
Management	Department of Human Services	• Physical Health: Six health plans • Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs)
Payment Model	FFS	Both: Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 4,138,853 | Estimated Medicaid With SMI: 355,941

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of April 2023: 16% in fee-for-service (FFS), 84% in managed care	
SMI population inclusion in managed care	- Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. - Estimated 16% of population in FFS, 84% in managed care	
Dual eligible population inclusion in managed care	- Managed care is mandatory for all full benefit dual eligibles. - Estimated 100% in managed care.	
Long-term services and supports (LTSS) population inclusion in managed care	LTSS services are included in managed care for individuals enrolled in Community HealthChoices managed care program.	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Excluded from the physical health plan’s (PH-MCOs) capitation rate and provided by the at-risk behavioral health plan (BH-MCO).
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	Included in the PH-MCO’s capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	The Community HealthChoices managed care program covers nursing facility and home- and community-based services (HCBS) for Medicaid only enrollees who require LTSS and dual eligibles.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Yes, the health plans are responsible for care coordination and integration with the behavioral health managed care organizations (BH-MCOs).
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None, but ACOs are one option health plans can utilize to meet value-based reimbursement (VBR) requirements.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		There is no statewide program, but health plans can utilize PCMHs to meet VBR requirements.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Yes, the state is in the process of implementing the Community HealthChoices program.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Yes, Pennsylvania certified the former eight CCBHCs, now CCBHOs, from the pilot phase of the program and moved them to state funding.
Other Care Coordination Initiatives	✓	Other initiatives include opioid Centers of Excellence, integrated care incentives, and non-ACA health homes for pregnant women with addiction disorder.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care*	Mandatory Managed Care* Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit dual eligibles)		X
Medicaid expansion			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	- Enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities - Third-party insurance - Residing in or admitted to a state psychiatric hospital - Aliens eligible only for emergency services		Individuals in the Breast and Cervical Cancer Prevention and Treatment Program

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of April 2023 was 701,396.
- Pennsylvania calls its Medicaid program Medical Assistance.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- All behavioral health services and pharmacy are provided FFS by the state.

FFS Mental Health Benefits	
1.	Inpatient services
2.	Outpatient services
3.	Partial hospitalization
4.	Mobile mental health treatment
5.	Peer support services
6.	Psychiatric clinic services
7.	Family-based mental health rehabilitative services for children and youth
8.	Mental health crisis intervention services
9.	Mental health targeted case management
10.	Service coordination

FFS Addiction Treatment Benefits	
1.	Inpatient detoxification
2.	Outpatient services
3.	Methadone maintenance clinic services
4.	Rehabilitation services for individuals under age 21

D.2. Medicaid FFS Program: SMI Population

- Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of April 2023, *OPEN MINDS* estimates that 16% of the SMI population was enrolled in FFS.
- Ongoing implementation of the Community HealthChoices program (see [section D.3.](#)) will decrease the share of the Medicaid SMI population enrolled in FFS.

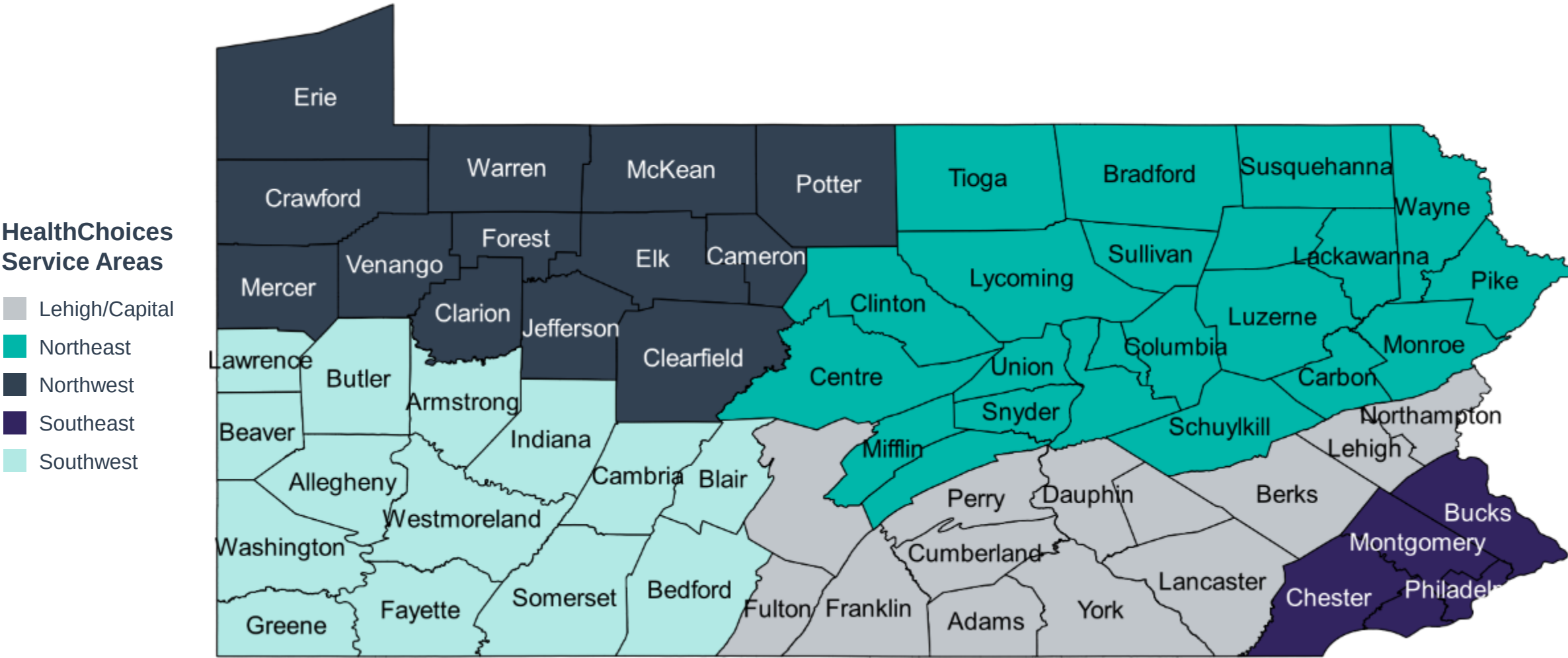
D.2. Medicaid FFS Program: Pharmacy Benefit

Pennsylvania FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No; however, Change Healthcare manages the state's PDL.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, the state includes antipsychotics and antidepressants on the state's general PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, the state includes opiate dependence drugs on the state's general PDL
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit, included on the general pharmacy PDL, and obtained through the specialty drug pharmacies. Most antipsychotic injectables must be delivered through the state's specialty pharmacy contracts with Walgreens and Diplomat Specialty Pharmacy.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Non-preferred drugs and prescriptions in excess of quantity limits require prior authorization. • Therapeutic failure, contraindication, or intolerance of preferred drugs is required for approval of non-preferred drugs. • Atypical antipsychotics for children under age 18 require prior authorization. • After the first 60 days of therapy, low dosage atypical antipsychotic prescriptions require prior authorization. • Specific restrictions apply for Benzodiazepine prescriptions. • Additional restrictions apply to certain opiate dependence treatments.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state operates the Recipient Restriction/Centralized Lock-in Program for individuals who have abused Medical Assistance services. Individuals are locked-in to a single clinical professional or group of clinical professionals for five years.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of April 2023 was 3,014,059.
- The Medicaid managed care program in Pennsylvania is called Medical Assistance.
- Pennsylvania has two managed care programs:
 - **Physical HealthChoices** – Provides physical health and pharmacy services to low-income adults, children, parent/caretaker relatives, and the aged, blind, and disabled population that does not need long-term services and supports (LTSS).
 - **Community HealthChoices (CHC)** – Provides physical health and LTSS services to individuals who qualify for LTSS and dual eligibles regardless of their need for LTSS.
- The Department of Human Services breaks the state into five regions for the financing of managed care. The regions are the same for CHC and Physical HealthChoices. The health plans available in the two programs differ.
 - Physical HealthChoices is available statewide, and health plans are available by region.
 - CHC program operates statewide, and health plans are available by region.

D.3. Medicaid Managed Care Program: Community & Physical HealthChoices Regions



D.3. Medicaid Managed Care Program: Physical HealthChoices

- Physical HealthChoices is statewide and health plans are available on a regional basis. Enrollment in Physical HealthChoices was 3,014,059 as of April 2023, representing 88% of the Medicaid managed care population.
- The Physical HealthChoices program provides physical health and pharmacy services to:
 - Children;
 - Parents/caretaker relatives;
 - Medicaid expansion population; and
 - Aged, blind, and disabled population that do not need LTSS.
- Starting calendar year 2022, 50% of the medical portion of the capitation and maternity revenue rates must be expended through VBP. At least 50% of the 50% incorporated shared savings contractual arrangements, bundled or global payment arrangements, and full-risk or accountable care organization arrangements.
- The state awarded contracts to AmeriHealth Caritas of PA, Geisinger Health Plan, Health Partners Plan, Highmark Wholecare, Keystone First, UHC, and UPMC.
 - Two non-selected applications filed lawsuits regarding the selection process, halting the rollout until the lawsuit is resolved.

D.3. Medicaid Managed Care Program: Physical HealthChoices New Procurement

Zone	Plan
Lehigh/ Capital Counties	1. Aetna/CVS 2. AmeriHealth 3. Highmark Wholecare 4. UnitedHealthcare 5. UPMC
Northeast Counties	1. Aetna/CVS 2. AmeriHealth 3. Geisinger
Northwest Counties	1. Aetna/CVS 2. AmeriHealth 3. Highmark Wholecare 4. UPMC

Zone	Plan
Southeast Counties	1. Aetna/CVS 2. Health Partners 3. Keystone First 4. UnitedHealthcare
Southwest Counties	1. Aetna/CVS 2. Highmark Wholecare 3. UnitedHealthcare 4. UPMC

D.3. Medicaid Managed Care Program: Community HealthChoices

- The Community HealthChoices (CHC) program is a managed care program for individuals in need of physical care, behavioral health services, and long-term services and supports (LTSS).
- As of March 2023, enrollment in CHC was 423,398, representing an estimated 12% of the Medicaid managed care population.
- CHC provides LTSS and physical health services to:
 - Dual eligibles over the age of 21; and
 - Individuals in need of LTSS, except those enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities (ability to access HCBS is limited by waiver slots).
- As of January 2020, the program now operates statewide. Each region has three health plans: Keystone First, PA Health & Wellness, and UPMC. Individuals have a choice over which plan they want.
- The CHC health plans are required to implement innovations related to housing, workforce participation, employment, and technology (i.e., home monitoring and telemedicine).
 - For individuals in need of LTSS, the health plans must develop person-centered care plans and person-centered care teams.
- For Calendar year 2022, 15% of medical portion of capitation must be expended through value-based payments.
 - 7.5% of LTSS payments must be through a VBP arrangement.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health Of PA

1. Profit status: For-profit
2. Parent company: Aetna/CVS
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: CVS/Caremark
5. Managed care programs: HealthChoices
6. Enrollment share: 9%

AmeriHealth Northeast**

1. Profit status: Non-profit
2. Parent company: Independence Health Group
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Perform Rx
5. Managed care programs: HealthChoices
6. Enrollment share: 4%

AmeriHealth Caritas PA**

1. Profit status: Non-profit
2. Parent company: Independence Health Group
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Perform Rx
5. Managed care programs: HealthChoices, CHC
6. Enrollment share: 9%

Gateway Health

1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: CVS/Caremark
5. Managed care programs: HealthChoices
6. Enrollment share: 12%

Geisinger Health Plan

1. Profit status: Non-profit
2. Parent company: Geisinger Health System
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: MedImpact
5. Managed care programs: HealthChoices
6. Enrollment share: 8%

Health Partners

1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: N/A
5. Managed care programs: HealthChoices
6. Enrollment share: 10%

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.

**AmeriHealth Northeast and AmeriHealth Caritas are both part of the AmeriHealth Caritas family of companies and are both headquartered in Harrisburg, Pennsylvania. Both health plans also use the same provider manual; however, the provider organization contracts for each plan differ.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Keystone First

1. Profit status: Non-profit
2. Parent company: Independence Health Group
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Perform Rx
5. Managed care programs: HealthChoices, CHC
6. Enrollment share: 19%

PA Health & Wellness

1. Profit status: For-profit
2. Parent company: Centene-WellCare
Behavioral health subcontractor: Cenpatico*
3. Pharmacy benefit manager: Envolve Pharmacy Solutions
4. Managed care programs: CHC
5. Enrollment share: <1%

UnitedHealthcare Community Plan Of PA

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: Optum*
4. Pharmacy benefit manager: Optum Rx
5. Managed care programs: HealthChoices
6. Enrollment share: 10%

UPMC For You

1. Profit status: Non-profit
2. Parent company: UPMC
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Express Scripts
5. Managed care programs: HealthChoices, CHC
6. Enrollment share: 19%

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Most behavioral health services are excluded from the Physical HealthChoices and CHC program. However, pharmacy, ambulance, and emergency visits related to behavioral health are included in the health plan's capitation rate.
- Behavioral health services are covered by the at-risk Behavioral Health Managed Care Organizations (BH-MCOs).
 - A county, a group of counties, or their contracted entity are given the first right of opportunity to act as the BH-MCO.
 - 44 counties have exercised their right of first opportunity, and the county or its subcontractor act as the BH-MCO.
 - 23 counties did not exercise the right of first opportunity and are not part of the state's contract with the BH-MCO.
- BH-MCOs are available by contracting grouping of counties, and individuals do not have a choice of BH-MCO.
- The contracting regions for BH-MCOs do not match the Physical and Community HealthChoices regions.
- Both the Physical HealthChoices and CHC health plans must have written agreements with the BHOs in their area that address the coordination of services, exchange of information, releases to share clinical information, etc.

D.3. Medicaid Managed Care Program: HealthChoices BH-MCOs By County

HealthChoices BH-MCOs

- Community Behavioral Health
- Community Care Behavioral Health
- Magellan Behavioral Health
- PerformCare
- Value Behavioral Health of Pennsylvania



D.3. Medicaid Managed Care Program: HealthChoices Behavioral Health Regions

PH-MCO Zone	BH-MCOs	Counties Served
Lehigh/Capital	Community Care Behavioral Healthcare Organization (CCBHO)	Adams, Berks, York
	Magellan Behavioral Health	Lehigh, Northampton
	PerformCare	Cumberland, Dauphin, Lancaster, Lebanon, Perry
North/Central	CCBHO	Blair, Carbon, Clinton, Erie, Lycoming, Monroe, Pike
	Magellan Behavioral Health	Cambria
	PerformCare	Bedford, Franklin, Fulton, Somerset
	Value Behavioral Health of Pennsylvania	Crawford, Mercer, Venango
North/Central (State Contractor)	CCBHO	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, Wayne
Northeast	CCBHO	Lackawanna, Luzerne, Susquehanna, Wyoming
Southeast	Community Behavioral Health	Philadelphia
	CCBHO	Chester
	Magellan Behavioral Health	Bucks, Delaware, Montgomery
Southwest	CCBHO	Allegheny
	Value Behavioral Health of Pennsylvania	Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- BH-MCOs may provide services in-lieu of state plan services if medically appropriate, cost-effective, and agreed to by the participant. These benefits can also be offered as supplemental benefits.

Mental Health Benefits Delivered By The BH-MCOs	Addiction Treatment Benefits Delivered By The BH-MCOs	Authorized BH-MCO “In-Lieu Of” Or Supplemental Benefits
1. Inpatient psychiatric services 2. Psychiatric partial hospitalization 3. Emergency room evaluations for commitments 4. Psychiatric outpatient services 5. Laboratory studies 6. Clozapine support services 7. Crisis intervention 8. Mental health targeted case management 9. Family-based mental health services for individuals under 21 years old	1. Inpatient detoxification 2. Non-hospital detoxification, rehabilitation, and halfway house services 3. Behavioral health rehabilitation services for individuals under age 21 4. Outpatient drug and alcohol services, including methadone maintenance clinics	1. Partial hospitalization for addiction 2. Site, clubhouse, or mobile psychiatric rehabilitation 3. Addiction targeted case management 4. Intensive outpatient services 5. Supported living services 6. Assistance in obtaining housing, employment, and income support 7. Continuous community-based treatment teams 8. Adult residential treatment 9. Consumer operated/directed self-help programs 10. Addiction prevention and intervention services 11. Social rehabilitation 12. Addiction transitional housing 13. Addiction drop-in centers

D.3. Medicaid Managed Care Program: SMI Population

- Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of April 2023, *OPEN MINDS* estimates that 84% of the SMI population was enrolled in managed care.
- Ongoing implementation of the Community HealthChoices program will increase the share of the Medicaid SMI population enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Pennsylvania Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plans
Responsible For Financing Mental Health Pharmacy Benefit	• Health plans for most drugs. • Methadone, when used to treat opioid dependency and dispensed by a BH-MCO clinical professional, is not covered by the health plans, but instead is the responsibility of the BH-MCO.
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the health plans must use the state's universal PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans can set their own restrictions—including step therapy on preferred and non-preferred drugs—but these restrictions must be approved by the state.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Both the Physical HealthChoices and Community HealthChoices program must maintain a Recipient Restriction Program to interface with the Department's Recipient Restriction Program.

D.4. Medicaid Program: Care Coordination Initiatives

			
Accountable Care Organization (ACO) Program There is no statewide ACO program; however, the health plans may use ACOs to meet their value-based reimbursement requirements.	Affordable Care Act (ACA) Health Home None	Patient-Centered Medical Home (PCMH) There is no statewide PCMH program; however, the health plans may use PCMH to meet their value-based reimbursement requirements.	Other Care Coordination Initiative Other care coordination programs include: 1. Certified community behavioral health clinics 2. Integrated Care Program 3. Opioid use disorder Centers of Excellence 4. Healthy Beginnings Plus Health Homes

D.4. Medicaid Program Care Coordination Initiatives: CCBHOs

- In December 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Pennsylvania two-year demonstration funding under phase two of the certified community behavioral health clinics (CCBHCs) program, an initiative authorized by section 223 of the Protecting Access to Medicare Act of 2014.
- The demonstration phase began on July 1, 2017. Pennsylvania certified eight CCBHCs for the pilot.
- Federal funding for the demonstration ended on June 30, 2019. The program is currently operating under state funding.
- With this extension and change to state funding, the title has changed to CCBHO's. Currently, there are no plans for any new CCBHOs.
- Of the two prospective payment systems authorized through the CCBHC program, the state has opted to use the daily unit of payment method.
- Under the fixed daily rate, CCBHOs receive the same fixed payment for all services provided to a Medicaid beneficiary on a given day, regardless of the intensity of services provided.
- CCBHOs are required to coordinate care across the spectrum of health services, including physical health, behavioral health, and social services; and must form partnerships with other organizations, including FQHCs, inpatient psychiatry, detoxification, and post-detoxification step-down services, residential programs, and social services provider organizations.

CCBHO	Service Area
Berks Counseling Center	Berks County
Cen Clear Child Services	Clearfield County
Cen Clear Child Services	Jefferson County
Community Council Health Systems	Philadelphia
Northeast Treatment Centers	Philadelphia
Pittsburgh Mercy	Allegheny County
Resources for Human Development	Montgomery County
The Guidance Center	McKean County

D.4. Medicaid Program Care Coordination Initiatives: Integrated Care Plan Program

- The Integrated Care Plan (ICP) program provides financial incentives to be paid to the health plans and BH-MCOs from funding pools based on shared performance measures. The goals of the program are to reduce Medical Assistance expenditures and improve the quality of health care via coordination of behavioral health and physical health care.
- To qualify for performance payments based on quality measures, the health plans and BH-MCOs must perform three activities for individuals with SMI:
 - PH-MCOs and BH-MCOs must report stratification of their members with SMI into one of four groups: Low physical health/low behavioral health needs, low physical health/high behavioral health needs, high physical health/low behavioral health needs, or high physical health/high behavioral health needs.
 - Integrated behavioral health and physical health care plans must be created for a minimum of 1,200 members (health plans) and .42% of the population (BH-MCOs).
 - Health plans and BH-MCOs must notify each other of hospital admissions; and share joint responsibility for discharge coordination and follow-up.
- The health plans and BH-MCO funding pool is \$10 million each. Payments are allocated based on the overall enrollment share of health plan/BH-MCO member months. The health plans/BH-MCOs receive up to 100% of their pool allocation for making incremental improvements over their previous year's performance on the following five measures. The health plans/BH-MCOs earn a maximum of 20% of the allocation for each measure.

Integrated Care Plan Quality Measures	
Initiation and engagement of alcohol and other drug dependence treatment (NCQA-HEDIS)	
Adherence to antipsychotic medications for individuals with schizophrenia (NCQA-HEDIS)	
Combined behavioral health and physical health inpatient 30-day readmission rate for individuals with SMI (NCQA-HEDIS)	
Emergency department utilization for individuals with SMI (NCQA-HEDIS)	
Combined behavioral health and physical health inpatient admission utilization for individuals with SMI (Pennsylvania-specific measure)	

Incremental Payment Scale*	
≥ 3 percentage point improvement	100%
≥ 2 and < 3 percentage point improvement	85%
≥ 1 and < 2 percentage point improvement	75%
0.5 - < 1 percentage point improvement	50%

*For the last two performance measures, 100% payout will be made if there is a reduction of >3.0 events per 1,000 member months and a 75% payout if there is a reduction in >2.0 events per 1,000 member months.

D.4. Medicaid Program Care Coordination Initiatives: Centers Of Excellence For Opioid Use Disorder

- Pennsylvania established 45 Centers of Excellence (COE) for opioid use disorder throughout the state in 2016 and 2017.
- The COEs operate as hub-and-spoke networks, with a physician specializing in addiction treatment serving as the hub, providing expert guidance to primary care physicians who serve as spokes. The primary care physicians provide direct care, which includes prescribing medication assisted treatment (MAT).
- The COEs must:
 - Deploy a community-based care management team
 - Report on care management activities
 - Provide direct access or referrals to MAT
 - Meet defined referral standards for drug and alcohol counseling and mental health counseling
 - Report on standard quality outcomes
 - Participate in a learning network
 - Track/report aggregate outcomes
- An initial payment of \$500,000 was made to each COE to assist in the creation of the program, along with service capacity expansion of an additional 300 consumers.
- Ongoing funding is included in the physical and behavioral health managed care plan capitation rates. The health plans and the BH-MCOs are expected to contract with the COEs in their service areas.
 - The health plans must pay \$277.22 per member per month for COE services; and are required to explore value-based arrangements with the COEs.
- Persons not enrolled in Medicaid may also participate using funding provided through the single county authorities.

D.4. Medicaid Program Care Coordination Initiatives: Healthy Beginnings Plus Health Homes

- As part of the state's Healthy Beginnings Plus program, PH-MCOs and CHC-MCOs are required to contract with hospitals and health systems that perform more than 900 Medicaid deliveries per year to establish health homes for pregnant mothers with addiction disorder.
- The health homes must focus on identifying, initiating treatment for, and referring pregnant individuals who need comprehensive addiction disorder treatment services.
- The state is not a party to the negotiated health home structures and payment models between the health plans and the provider organizations.
- If a health plan is unable to reach an agreement with a high-volume delivery organization, it must document its efforts for review by the state.

D.5. Medicaid Program: Demonstration & Managed Care Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
PA 67	• Authorizes mandatory delivery of physical health benefits through managed care organizations—called PH-MCOs—by the state. • Authorizes mandatory delivery of behavioral health benefits through behavioral health prepaid inpatient health plans (PIHPs)—called BH-MCOs—by the state. • Authorizes a specialty pharmacy program for individuals in FFS.	1915 (b)	None	01/01/2022	12/31/2026
Community HealthChoices (CHC)	• Authorizes mandatory delivery of physical health benefits and LTSS for dual eligibles and individuals age 21 and over in need of LTSS through a new managed care program phasing in regionally between January 2018 and January 2020. The plans are called CHC-MCOs by the state. • Operates concurrently with the PA CHC (formerly COMMCARE) 1915 (c) waiver. • Authorization of mandatory delivery of behavioral health benefits for the CHC population is through the PA 67 1915 (b) waiver.	1915 (b)	None	01/01/2023	12/31/2027
Pennsylvania Medicaid Coverage Former Foster Care Youth From A Different State & SUD Demonstration	• Authorizes Medicaid state plan coverage for former foster care youth under age 26 who moved from another state. • Authorizes residential treatment in institutions for mental disease (IMDs) for addiction disorder treatment.	1115	None	10/01/2017	09/30/2027

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority?
PA Community HealthChoices (CHC) (formerly known as CommCare) (0386.R03.00)	Individuals ages 21 and over requiring a nursing facility level of care and previously enrolled in the Aging waiver, Attendant Care Waiver, and Independence waiver.	132,589	Office of Long-Term Living (OLTL)	1915 (c)
PA Consolidated Waiver (0147.R05.00)	Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care.	19,181	Office of Developmental Programs (ODP)	None
PA Person/Family Directed Support (0344.R03.00)	Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care.	15,490	ODP	None

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority?
PA Medicaid Waiver For Infants, Toddlers & Families (0324.R03.00)	Individuals with I/DD from birth to age two requiring an ICF level of care.	5,900	Office of Child Development and Early Learning	None
Community Living Waiver (PA.1486.R00.00)	Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care.	5,432	ODP	None
PA OBRA (0235.R05.00)	- Individuals with developmental disabilities ages 18 to 59 requiring an ICF level of care. - Individuals ages 18 to 20 from the PA Independence and Attendant Care waivers phasing in regionally.	590	OLTL	None
PA Adult Autism (0593.R02.00)	Individuals with autism age 21 and over requiring an ICF level of care.	754	ODP	None

D.6. Medicaid Managed Care: New Initiatives

- Identical bills were introduced in the Pennsylvania House and Senate in February 2019 to integrate physical and behavioral health financing and delivery.
 - As of February 1, 2019, the bills were referred to committee.
 - In March 2019, the Department of Human Services noted that it is premature to discuss the bills. The bills are currently stalled due to opposition.
 - As of April 2023, there has been no movement on this.
 - One of the state's initiatives is to explore whole-person centered care.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Managed Care (CHC)	PACE
Enrollment (March 2023)	421,784	12,472
SMI Enrollment	134,970	3,991
Management	- Physical Health: three health plans - Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs)	Nine organizations
Payment Model	Both: Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Available by county

Total Dual Eligibles: 434,256 | Total Dual Eligibles With SMI: 138,961

Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
Gateway Health Medicare Assured Diamond	Gateway Health Plan, Inc	Medicare Advantage D-SNP	39,175	12,536
UPMC for Life Complete Care	UPMC Health Plan, Inc	Medicare Advantage D-SNP	38,994	12,478
Highmark Wholecare Medicare Assured Diamond	Gateway Health Plan, Inc	Medicare Advantage D-SNP	34,626	11,080
Aetna Medicare Advantra Cares	Aetna/ CVS	Medicare Advantage D-SNP	28,779	9,209
UnitedHealthcare Dual Complete ONE	UnitedHealthcare	Medicare Advantage D-SNP	27,974	8,952
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	22,221	7,111
Cigna-HealthSpring TotalCare	Cigna, Inc	Medicare Advantage D-SNP	16,707	5,346
Keystone VIP Choice	Keystone VIP Choice	Medicare Advantage D-SNP	14,139	4,524
Geisinger Gold Secure Rx	Geisinger Health Plan	Medicare Advantage D-SNP	10,332	3,306
Allwell Dual Medicare	Centene	Medicare Advantage D-SNP	9,839	3,148

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of March 2023, dual eligible enrollment was 434,256.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are automatically enrolled in CHC whether or not they need LTSS.
 - With the transition to managed care, dual eligibles now receive behavioral health services through the behavioral health managed care organizations (BH-MCOs) operated by the counties.
 - The CHC health plans must operate aligned D-SNP plans.
- Dual eligibles living in the remainder of the state were enrolled in FFS until January 2020.
- Total D-SNP enrollment as of March 2023 was 278,305, total D-SNP SMI enrollment was 89,058.
- Additionally, dual eligibles in need of LTSS may enroll in the PACE program as an alternate to CHC.
 - Pennsylvania calls its PACE program, LIFE (Living Independence For The Elderly).

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Pennsylvania does not have a demonstration with the Centers for Medicare & Medicaid Services (CMS) to design and implement a new model for integrating the benefits and financing for dual eligibles.
- In 2020, the state transitioned the dual eligible population into Medicaid managed care via the CHC program. For more information, see [section D.3](#).

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

Pennsylvania operates two managed care programs. Pennsylvania delivers LTSS services through only their Community HealthChoices (CHC) program. The CHC program provides physical health care and LTSS for individuals who are dually eligible for Medicaid and Medicare, individuals over the age of 21, and individuals in needs of LTSS.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (March 2023)	421,784
Estimated SMI Enrollment	134,970
Management	- Physical Health: Four health plans - Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs)
Payment Model	Both: Capitated rate
Geographic Service Area	Statewide

*Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment*
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit dual eligibles)		X
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations	- Enrolled in a waiver administered by the Department of Developmental Disabilities - Third-party insurance - Residing in or admitted to a state psychiatric hospital - Aliens eligible only for emergency services		Individuals in the Breast and Cervical Cancer Prevention and Treatment Program

F.2. LTSS Medicaid Financing & Delivery System: Overview

- The Community HealthChoices (CHC) program is a managed care program for individuals in need of physical care, behavioral health services, and long-term services and supports (LTSS).
- As of March 2023, enrollment in CHC was 421,784, representing an estimated 13% of the Medicaid managed care population.
- CHC provides LTSS and physical health services to:
 - Dual eligibles over the age of 21; and
 - Individuals in need of LTSS, except those enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities (ability to access HCBS is limited by waiver slots).
- As of January 2020, the program now operates statewide. Each region three plans, and individuals have a choice of plan.
- The CHC health plans are required to implement innovations related to housing, workforce participation, employment, and technology (i.e., home monitoring and telemedicine).
 - For individuals in need of LTSS, the health plans must develop person-centered care plans and person-centered care teams.
- For Calendar year 2022, 15% of medical portion of capitation must be expended through value-based payments.
 - 7.5% of LTSS payments must be through a VBP arrangement.

F.3. Medicaid LTSS Program: Health Plan Characteristics

Keystone First
1. Profit status: Non-profit
2. Parent company: Independence Health Group
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Perform Rx
5. Managed care programs: HealthChoices, CHC
6. Enrollment share: 19%

PA Health & Wellness
1. Profit status: For-profit
2. Parent company: Centene-WellCare Behavioral health subcontractor: N/A*
3. Pharmacy benefit manager: Envolve Pharmacy Solutions
4. Managed care programs: CHC
5. Enrollment share: <1%

UnitedHealthcare Community Plan Of PA
1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Optum Rx
5. Managed care programs: HealthChoices
6. Enrollment share: 10%

UPMC For You
1. Profit status: Non-profit
2. Parent company: UPMC
3. Behavioral health subcontractor: N/A*
4. Pharmacy benefit manager: Express Scripts
5. Managed care programs: HealthChoices, CHC
6. Enrollment share: 19%

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.
Enrollment percentages are as part of total managed care enrollment.

F.4. Medicaid LTSS Program: Health Benefits

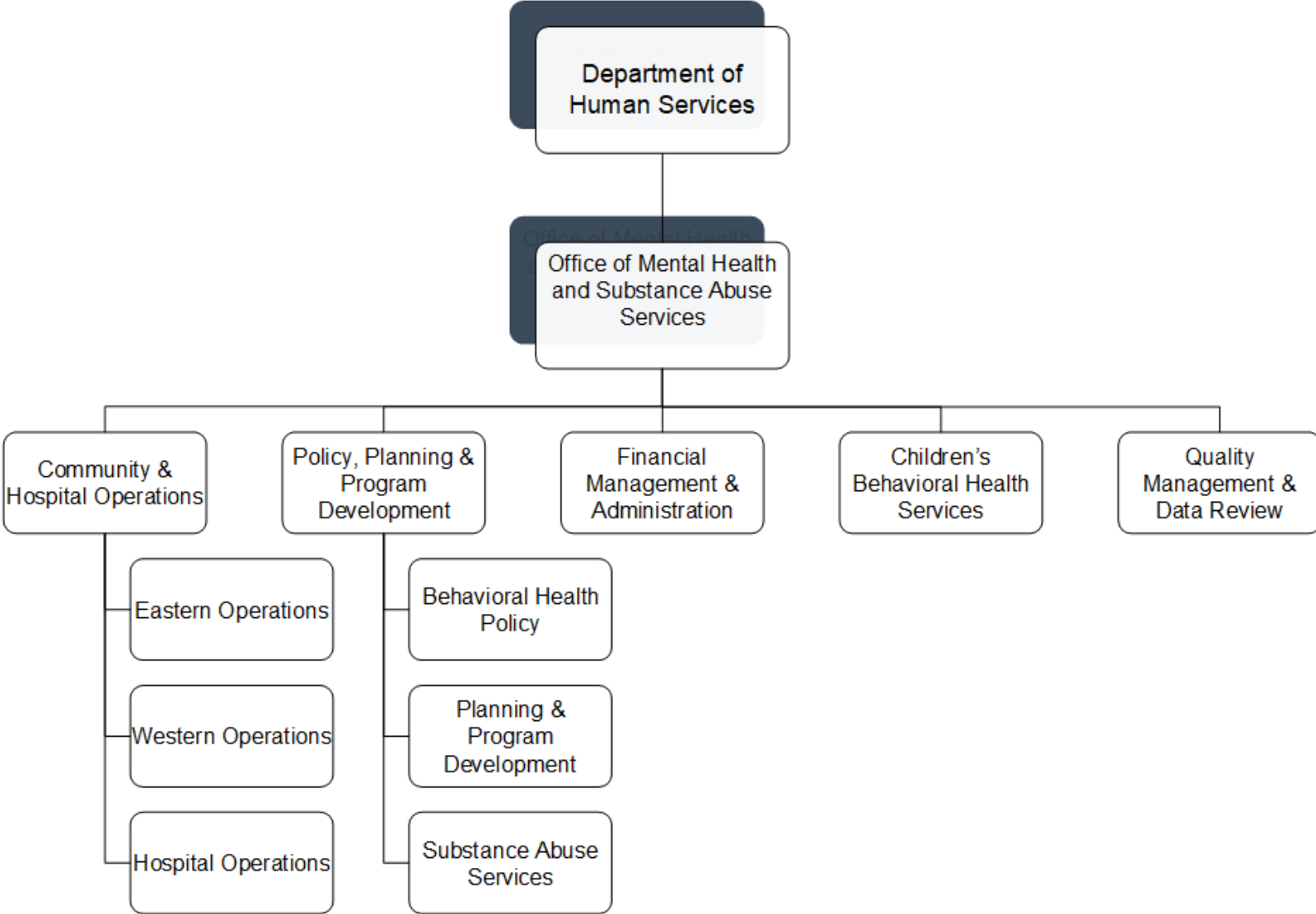
Mental Health Benefits Delivered By The BH-MCOs	Addiction Treatment Benefits Delivered By The BH-MCOs	Authorized BH-MCO “In-Lieu Of” Or Supplemental Benefits
1. Inpatient psychiatric services 2. Psychiatric partial hospitalization 3. Emergency room evaluations for commitments 4. Psychiatric outpatient services 5. Laboratory studies 6. Clozapine support services 7. Crisis intervention 8. Mental health targeted case management 9. Family-based mental health services for individuals under 21 years old	1. Inpatient detoxification 2. Non-hospital detoxification, rehabilitation, and halfway house services 3. Behavioral health rehabilitation services for individuals under age 21 4. Outpatient drug and alcohol services, including methadone maintenance clinics	1. Partial hospitalization for addiction 2. Site, clubhouse, or mobile psychiatric rehabilitation 3. Addiction targeted case management 4. Intensive outpatient services 5. Supported living services 6. Assistance in obtaining housing, employment, and income support 7. Continuous community-based treatment teams 8. Adult residential treatment 9. Consumer operated/directed self-help programs 10. Addiction prevention and intervention services 11. Social rehabilitation 12. Addiction transitional housing 13. Addiction drop-in centers

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The state's current efforts are focused on moving the dual eligible population to Medicaid managed care via the CHC program. For more information, see [section D.3](#).

G. State Behavioral Health Administration & Finance System

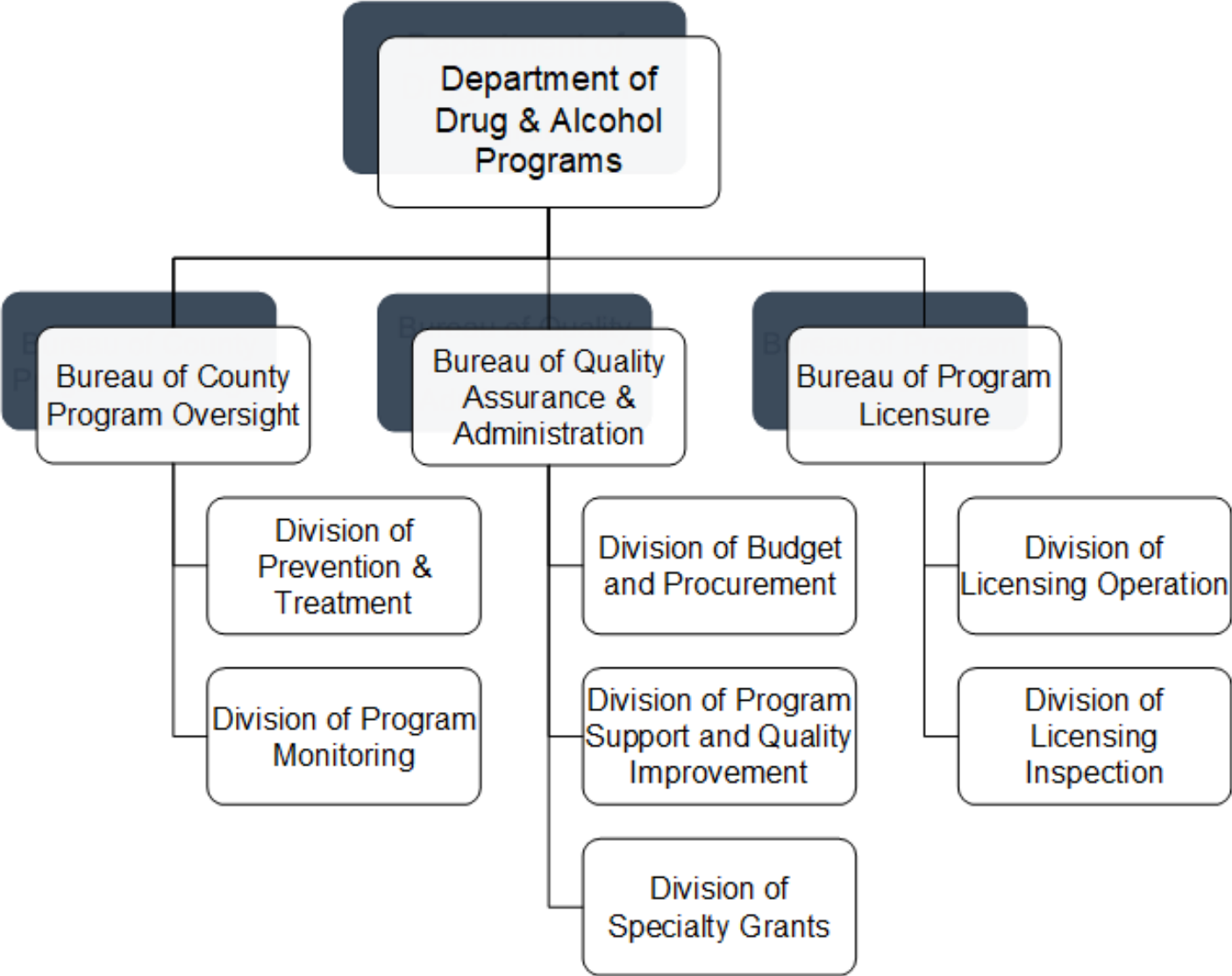
G.1. Office Of Mental Health & Substance Abuse Services: Organization Chart



G.1. Office Of Mental Health & Substance Abuse Services Governance: Key Leadership

Contact	Position	Department	Email
Margaret Snead	Acting Secretary	Department of Human Services	msnead@pa.gov
Dale Adair	Acting Deputy Secretary / Medical Director	Office of Mental Health and Substance Abuse Services	dadair@pa.gov
Dawn Hamme	Director	Bureau of Financial Management and Administration	dhamme@pa.gov
Scott Talley	Director	Bureau of Children's Behavioral Health Services	stalley@pa.gov
Jenna Baker	Director	Bureau of Policy, Planning, and Program Development	jbaker@pa.gov
Philip Mader	Director	Bureau of Community and Hospital Operations	pmader@pa.gov
Dale Adair	Medical Director	Office of Mental Health and Substance Abuse Services	dadair@pa.gov
Amanda Roth	Director	Bureau of Quality and Systems Management and Clinical Review	aroth@pa.gov

G.1. Department Of Drug & Alcohol Programs: Organization Chart



G.1. Department Of Drug & Alcohol Programs: Organization Chart & Key Leadership

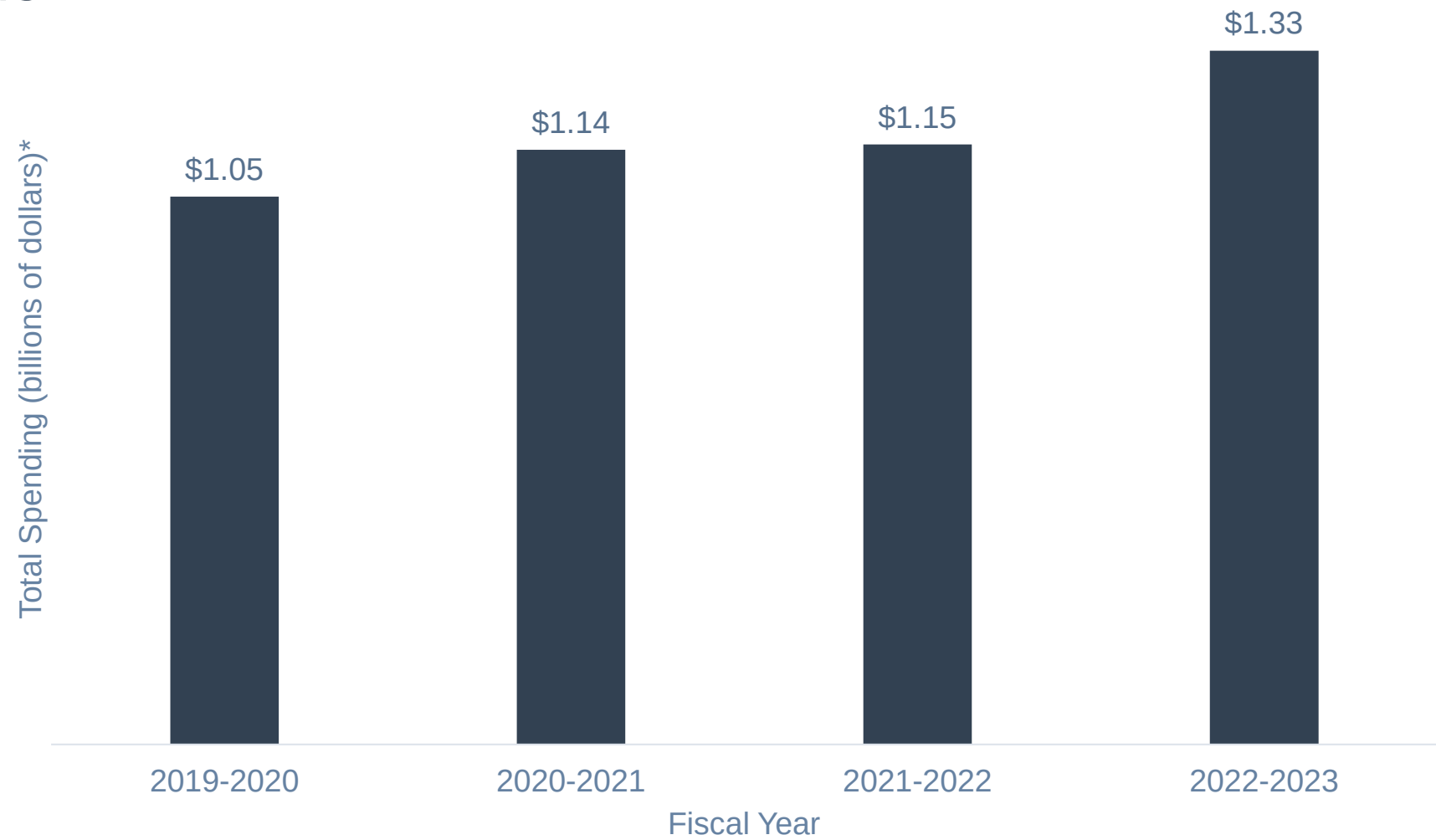
Name	Position	Department	Email
Latika Davis-Jones	Acting Secretary	Department of Drug and Alcohol Programs	Not available
Ellen DiDomenico	Deputy Secretary	Department of Drug and Alcohol Programs	edidomenico@pa.gov
Jodi Skiles	Director	Bureau of Program Licensure	joskiles@pa.gov
Jennifer Newell	Director	Bureau of Quality Assurance and Administration	jnewell@pa.gov
Vacant	Director	Bureau of County Program Oversight	N/A

G.2. Office Of Mental Health & Substance Abuse Services: Spending

Budget Item	SFY 2022-2023 Spending	Percent Of Budget
Community Programs	\$703,787,000	53%
Hospitals	\$477,806,000	36%
Budgetary Reserve	\$120,340,000	9%
South Mountain State Restoration Center	\$28,151,000	2%
Administrative Costs	\$4,648,000	<1%
Total Budget: \$1,334,732,000		

Additionally, in the FY 2022-2023 the Pennsylvania Department of Drug and Alcohol Programs spent approximately \$380,545,000 for addiction prevention and treatment programs administered by the Single County Authorities.

G.2. Office Of Mental Health & Substance Abuse Services : Spending Over Time

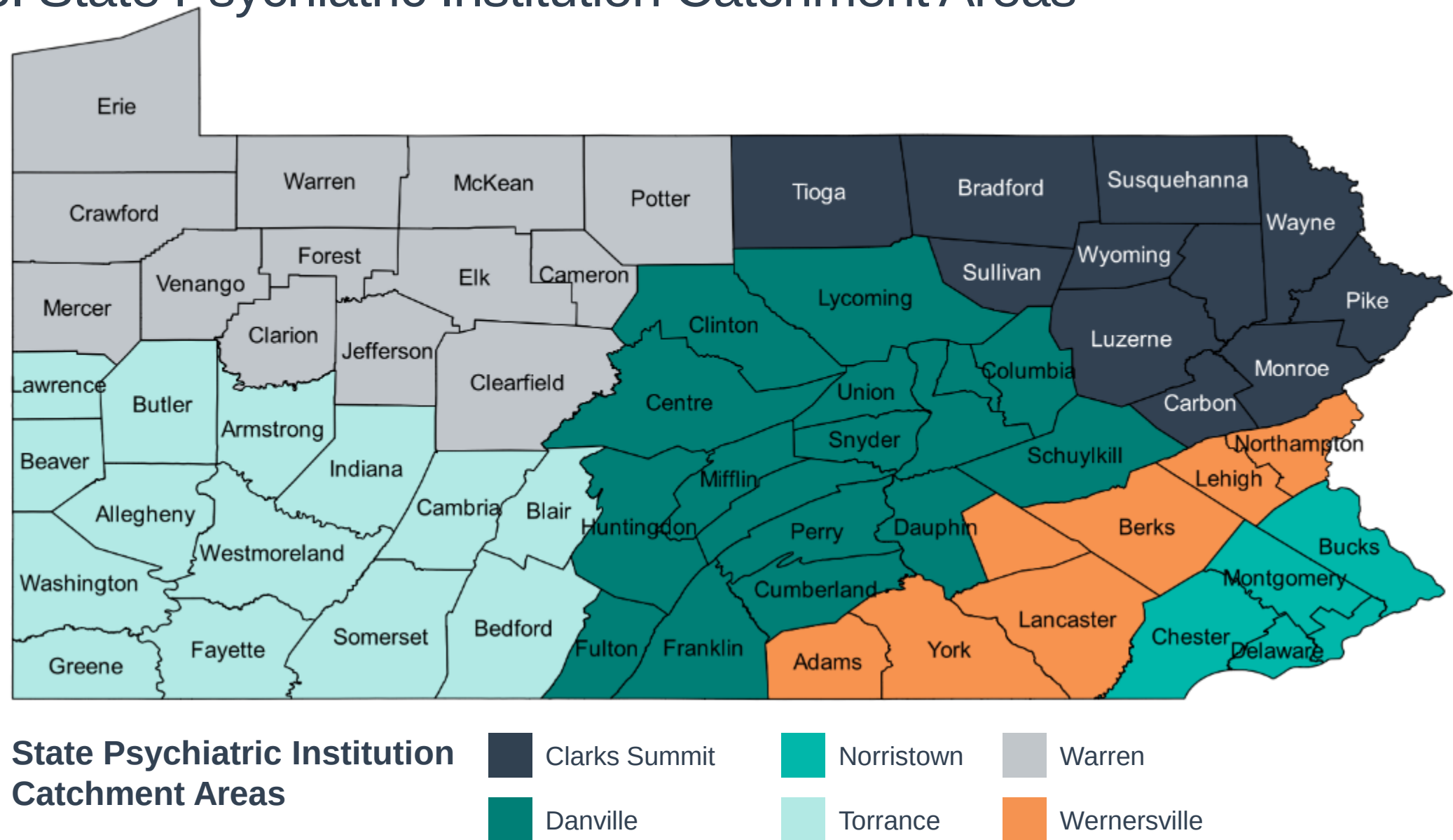


*All years' actual spending. Totals do not include Department of Drug and Alcohol Programs' budget.

G.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Clarks Summit State Hospital	Clarks Summit	203
Danville State Hospital	Danville	180
Norristown State Hospital	Norristown	375
South Mountain Restoration Center	South Mountain	159
Torrance State Hospital	Torrance	353
Warren State Hospital	North Warren	152
Wernersville State Hospital	Wernersville	266
Total		1,688

G.3. State Psychiatric Institution Catchment Areas



G.4. Behavioral Health Safety-Net Delivery System

- Mental Health and Developmental Services (MH/DS) offices operated at the county or joint county level administer community mental health services.
 - The MH/DS offices contract with local provider organizations for treatment services, assess individuals for treatment requirements, and make treatment referrals.
 - MH/DS services are funded by grants through the state Department of Human Services (DHS), county funds, Medicaid and other insurance payments for individuals, and individual contributions based on ability to pay.
- Single County Authority (SCA) offices operated at the county or joint county level administer safety-net addiction treatment services.
 - The Department of Drug and Alcohol Programs (DDAP) provides SCAs with state and federal funding to deliver or purchase drug and alcohol services, including treatment services for Pennsylvanians who do not have insurance or resources to pay for treatment, as well as for treatment services not reimbursed under insurance programs.
 - SCA services are also funded by grants through county funds, Medicaid and other insurance payments for individuals, and individual contributions based on ability to pay.
 - SCAs prepare prevention, intervention, and treatment plans tailored to meet the needs of their respective communities. DDAP approves these plans and formulates a statewide plan based on those findings.
 - The SCAs contract with local provider agencies for treatment services, assess individuals for treatment requirements, and make treatment referrals.

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of individuals enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Term	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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