Tips for Choosing a Health Plan:
A Step-by-Step Guide for Consumers

Background

Effective August 1, 2022, there will be changes to the Medicaid physical health managed care plans available in Pennsylvania. These changes only apply to people who get their Medicaid through the physical HealthChoices system – they do not apply to Community HealthChoices. They also do not apply to the Medicaid behavioral health plans. As such, this guide shares tips on choosing a physical HealthChoices plan, and does not address Community HealthChoices or behavioral health plans.

Over 450,000 Medicaid consumers will need to choose a new health plan this summer. Some existing plans will no longer be offered after August 1, 2022. Consumers who do not choose a new health plan by July 19th will be auto-enrolled into one.

Even people whose plan is not going away will have new plan options available, should they decide to change plans. They could decide to switch to a new managed care plan after reviewing the newly available plans.

Everyone impacted by these Medicaid plan changes should get a letter in early-to-mid June 2022 explaining their new health plan choices. You will have until **July 19** to choose a plan. If you select a plan by July 19, your new plan coverage will start August 1.

Step 1: Make a list of all your health care providers.

This list should include;

- your primary care doctor;
- any specialists you see;
- your hospital;
- your dentist;
- your home health agency, if applicable;

- pharmacies you use; and
- any medical suppliers that you use for items such as wheelchairs, oxygen, and incontinence supplies

Note that your Medicaid coverage choices for behavioral/mental health services are **not** changing. If you see a therapist, psychiatrist, receive intensive behavioral health services (IBHS) or get substance use disorder treatment services, these services are covered by your behavioral health plan, and you do not need to include these providers in your list.

Once you have your list ready, see if any health plan covers all of your providers:

- Contact each your doctors and other providers to see which of the plans they take **-or-**
- Contact PA Enrollment Services:
  - Calling 1-800-440-3989 and a representative can check to see which plans work with your doctors and your hospital; or
  - Checking www.enrollnow.net to look up your doctors and see what plans they take.

Step 2: Make a list of your medications

Make sure you list all your medications, even those you take for a mental health condition, and include the dosage. You will get all your outpatient prescription medications – even those you take for a mental health condition – through the physical health plan you choose.

Under current Medicaid rules, all health plans generally must cover the same medications. If your current Medicaid plan covers your medication, the new plan should too.

Once you make your list, contact the plan(s) that work with your doctors to ensure that your medications are covered.

Step 3: Review co-pays and other programs

There are small differences in co-pay amounts between the health plans. There are also differences in some of the "extra" benefits the health plans offer (such as covering urgent care centers or eyeglasses coverage for adults).

You can check the Health Plan Comparison Chart that was sent to you in June that shows the co-pays charged by the different plans and provides information about other plan

benefits that might be important to you when picking a plan. If you don't have this chart, you can ask PA Enrollment Services about the co-pays and extra benefits offered by the plans or view the comparison chart here.

Step 4: Enroll in a plan

After you've decided what plan you want to join, you can contact PA Enrollment Services to enroll in a plan. You can enroll in a plan in one of 3 ways:

- **Telephone**: Call PA Enrollment Services at 1-800-440-3989 (TTY: 1-800-618-4225).
- **Online:** www.enrollnow.net; **or**
- **Mobile App**: Use the smartphone mobile app called **PA Enrollment Services**

When you enroll in a new plan, you also have to choose a Primary Care Physician (PCP). If you're not ready to pick a PCP when you choose a plan, you have 14 more days after you join a plan to pick a PCP. If you don't pick a PCP within 14 days, the plan will pick one for you.

Important things to know:

- If you miss the July 19th deadline, you can still choose a new plan; it just won't start until September 1st or later, depending on when you make your choice.
- You can change your plan or your PCP at any time throughout the year!
- Your new health plan must continue to cover prior authorized services until the end of the authorization period for children under 21 years old, or up until 60 days for adults.
- If you are in a course of treatment with a doctor or other provider who is not in your new plan's network, the new plan should continue to cover that out-of-network provider for 60 days upon changing plans.
- Pregnant women can continue to see their OB/GYN, even if the doctor is not in the plan's network, throughout the pregnancy until the end of the 12-month postpartum period.