

Operations Memorandum - Medical Assistance OPS120902

September 17, 2012

SUBJECT: Implementation of Copayments for the Children with Special Needs Category (PH 95)
TO: Executive Directors
FROM: Richard Wallace, Acting Director, Bureau of Operations

Purpose

To provide information regarding the September 17, 2012 implementation of copayments for the Children with Special Needs Category.

Background

Category/program status code combination PH 95 was established as a special category for children under the age of 18 who meet the Social Security Administration's definition of disability. Eligibility for category (PH 95) is only authorized for children with special needs who are not eligible in any other Medical Assistance (MA) category. Parental income is not counted for PH 95 eligibility determinations; the only income counted is the child's. Eligibility is determined individually for each child with special needs in households with more than one special needs child.

Discussion

Copayment changes to PH 95 are authorized by 62 P.S. 454(a), as amended by Act 2011-22, that was signed into law on June 30, 2011 by Governor Corbett. Children with special needs receiving MA whose family income is above 200 percent of the Federal Poverty Income Guidelines (FPIGs) are required to have a copayment for a doctor's visit or a medical service. Because these changes were made by state law, the fact that there is a copayment cannot be appealed. However, the individual can appeal the maximum amount of their copayment and whether they are over 200 percent of the FPIGs. The PA/FS 162F, Your Right to Appeal and to a Fair Hearing ([Attachment 1](#)), has been revised accordingly.

The maximum monthly copayment liability for affected PH 95 families will not exceed five percent of the family's gross earned and unearned income. If there is more than one special needs child in the family, the copayment will be divided equally between them. Additionally, the copayment will not be more than 20 percent of the MA fee for any specific service. Some services, such as those for preventive care, are not subject to the copayment requirements.

Process

At application, renewal and during case maintenance, the County Assistance Office must enter all information, including income, for all family members that live in the same household with the PH 95 child.

Family members include the following:

- a. The child(ren) with special needs;
- b. The biological or adoptive parent or stepparent of the child; and
- c. The unemancipated brother or sister of the child (including half or step-siblings) under the age of 21.

Make certain each PH 95 child is a separate PH 95 budget.

On September 15, 2012, a conversion process will be applied to all existing PH 95 budgets. If total family income exceeds 200 percent of the FPIGs, a copayment will be determined and an advance notice will be sent. The copayment will be effective November 1, 2012 for these affected budgets.

Applications processed on or after September 17, 2012 are subject to the new copayment requirement. The copayment is applied beginning the month after the initial month of PH 95 eligibility.

Example: PH 95 is authorized September 20, 2012. The \$130 monthly copayment established is effective beginning October 1, 2012.

The deadline for copayment changes is the 25th of the month so that information can be communicated to PROMISe and the Managed Care Plans. For budgets processed between the 1st and the 25th of the month, the copayment becomes effective the first day of the following month. For budgets processed after the 25th of the month, the copayment is effective the 1st of the month following the next month.

The eligibility notice for new applicants will inform the eligible PH 95 individual with household income greater than 200 percent that the PH 95 individual has a maximum monthly copayment liability. If there is more than one special needs child in the family, the maximum copayment amount will be divided between them. The copayment will be five percent of the household's monthly earned and unearned income, but no more than 20 percent of the MA fee for each specific service.

A copayment insert ([Attachment 2](#)) will be sent with the client notice in the following situations:

1. At the time of conversion if there is a copay.
2. At case/budget openb when there is a copay.
3. When Performing case maintenance, e.g., Partial Renewals, Renewals, Individual Add/Delete when there is an increase or decrease in the copay amount.

The copayment insert will NOT be sent:

1. At case/budget opening if the system calculates a copay of \$0.
2. When the calculated copay remains the same. (These clients would have already received a copayment insert.)
3. When the copay goes from a dollar amount to a \$0 copay. The PA 162 notice will show the change in the copay amounts.

The copayment is a maximum monthly amount. Copayment amounts can be viewed by selecting the View CoPay Details button available on the Eligibility Results Summary screen in eCIS. When a copayment is determined, the amount is passed to the Third Party Liability screens. It is displayed as a resource 904C. Notices ([Attachment 3](#)) will continue to use the 992 series currently used for PH 95 budgets with the addition of new option codes. Notices will show how the copayment was calculated.

Reminder: A Program Change Request has been submitted for issues regarding the use of 992 Option B and 992 Option C. Until the changes have been incorporated, please do the following:

1. When processing a case and the PH 95 child is not eligible because information has not been provided, choose 992 Option B. Currently, the system defaults to 042.
2. When processing a case and the PH 95 child is not eligible because the Medical Review Team states the child does not meet PH 95 eligibility criteria, choose 992 Option C. Currently, the system defaults to 955.

Continue to use the PH 95 data base to report the parental income (earned and unearned) as well as all household information. For all applications and renewals, the caseworker must complete the [Data Collection Interface Data Entry Slip](#). Clerical staff enters the information in the Data Collection Interface Data Inquiry Screen: <http://PH95LH>.

Next Steps

1. Review this Operations Memorandum with appropriate staff.
2. Contact your Area Manager if you have any questions regarding this policy.
3. This Operations Memorandum will be obsolete when it is incorporated into the MA Handbook.