

Introducing  
**SelectPlan for Women**  
in Pennsylvania

A Reference Guide  
for Family Planning Providers



Dear Pennsylvania Family Planning Provider:

TRAINING 3 is pleased to present the SelectPlan for Women Reference Guide. This resource is a collection of information designed to assist you with:

- a) understanding the SelectPlan for Women program;
- b) facilitating client applications for SelectPlan for Women coverage; and
- c) providing information about SelectPlan for Women to other Pennsylvania family planning providers and potential applicants.

SelectPlan for Women is an exciting opportunity that through your efforts can allow your family planning program to gain resources and help many women in need of family planning services.

This resource was created by TRAINING 3 and four Title X Family Planning Grantees throughout Pennsylvania: Adagio Health, Maternal and Family Health Services, Family Health Council of Central Pennsylvania, and Family Planning Council. We hope you find this resource valuable in your work.

Sincerely,  
TRAINING 3, the Region III Family Planning Training Center

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## I. What is SelectPlan for Women?

SelectPlan for Women is a Family Planning Waiver program that allows the Pennsylvania Department of Public Welfare (DPW), to expand its Medicaid eligibility criteria thereby increasing the number of women in the state who may be eligible for services. Women determined eligible by the Department of Public Welfare will receive a specific benefits package containing only family planning services that include all FDA approved contraceptive methods, testing for cervical cancer and sexually transmitted diseases (STDs) including HIV. Through this expanded coverage, women who in the past may have been required to pay a fee for services may now receive services for free.



In addition to providing access to family planning services to a larger population of women, SelectPlan for Women intends to:

1. Increase the use of family planning services for eligible women.
2. Improve birth outcomes and the health of women, by increasing the time period between pregnancies.
3. Decrease costs to the state by decreasing the number of Medicaid-paid pregnancies.
4. Increase Title XX revenue stream for family planning providers.

## II. Who do I screen for eligibility?

All female clients must be assessed for eligibility and encouraged to enroll in SelectPlan for Women.

### **Refusal to enroll in SelectPlan**

Enrollment into SelectPlan is voluntary. Clients who potentially qualify for SelectPlan and refuse to enroll after being informed about the benefits of the program should be:

1. Fee assessed based on the Title X guidelines and charged accordingly.
2. Informed that based on where they fall on the sliding fee scale there could be a fee for the services and supplies they receive even if they received free services and supplies in the past.

Household size and income must be determined using self-declaration as reported by clients. Clients cannot be required by Title X providers to provide written documentation of household size or income. Proof of household size and income can be requested, especially as it will eventually be necessary for SelectPlan enrollment by DPW. DPW requires proof of household income for SelectPlan enrollment.

### **Documenting reasons for non-enrollment**

Every uninsured or under-insured woman aged 18-44 must be assessed for SelectPlan eligibility. If she does not apply during her visit, at least one of the below reasons must be documented in her financial record:

- **Not a resident (PA and/or US)**
- **Income exceeds 185%**
- **Pregnant or Sterilized**
- **Refused (specify)**
- **Other (specify)**

Evidence of this information in the financial record will be audited during comprehensive site audits in addition to periodic assessments of SelectPlan enrollment activities. If reasons for non enrollment are not noted in the record, an audit will assume she was not assessed for eligibility.

### III. What services are covered?

SelectPlan covers a special Medicaid benefit package of family planning services. This package is more limited than the regular MA family planning benefits but includes medically necessary services and supplies related to family planning and preventing unintended pregnancies. The benefits program includes, but is not limited to:

- All FDA approved contraceptives
- Pap smears
- Testing for sexually transmitted diseases, including HIV
- Family planning related physical exams & outpatient office visits
- Abortion is NOT a covered service

#### Family Planning Benefits Covered Under SelectPlan for Women

Procedure Code	MA Fee*	Procedure Code Description
		<b>Procedures</b>
11975	\$100	Insertion, Implantable contraceptive capsules
11976	\$30.50	Removal, implantable Contraceptive Capsules
11977	\$130.50	Removal with insertion, implantable contraceptive capsules
11981	\$76.62	Implanon Insert
11982	\$93.50	Implanon Removal
58300	\$17.25	IUD insert
58301	\$17.25	IUD removal
81000	\$4.37	Urine Dipstick
81001	\$3.00	Urinalysis
83001	\$17.50	Gonadotropin; follicle stimulating hormone (FSH)
81025	4.00	Urine Pregnancy Test
83036	\$7.00	Hemoglobin
83898	\$22.50	Molecular Diagnostics; amplification of patient nucleic acid (EG, PCR, LCR, RT-PCR), single primer pair, each primer pair
84138	\$23.00	Pregnanetriol
84144	\$17.00	Progesterone
84146	\$24.00	Prolactin
84702	\$16.42	Gonadotropin, chorionic (HCG); quantitative
84703	\$10.38	Gonadotropin, chorionic (HCG); qualitative
85014	\$3.27	Hematocrit
85025	\$6.00	Complete blood
86255	\$16.66	Fluorescent noninfectious agent antibody; screen, each antibody
86317	\$20.49	Immunoassay for infectious agent antibody; quantitative, not otherwise

<b>Procedure Code</b>	<b>MA Fee*</b>	<b>Procedure Code Description</b>
86592	\$4.00	Syphilis Test, Qualitative (EG, VDRL, RPR, ART)
86701	\$12.27	Antibody; HIV-1
86702	\$13.83	Antibody; HIV-2
87070	\$6.90	Culture, Bacterial, Definitive, any other source
87110	\$26.10	Culture, Chlamydia
87205	\$4.50	Smear, Primary source with interpretation; routine stain for bacteria, fungi, or cell types
87207	\$4.50	Smear primary source with interpretation; special stain for inclusion bodies/intracellular parasites; (EG, Malaria, Kala azar, Herpes)
87210	\$5.90	Smear Primary source with interpretation; wet mount with simple stain, for bacteria, fungi, OVA, and/or parasites
87536	\$23.19	Infectious agent detection by nucleic acid (DNA or RNA), HIV – 1 Quantification
87797	\$22.97	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique
87798	\$23.19	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, amplified probe technique
88141	\$6.53	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (separate to code for tech service)
88142	\$16.00	Thin Prep
88161	\$16.00	Cytopathology any other source, preparation, screening and interpretation
88164	\$7.15	Cytopathology, slides, cervical or vaginal (The Bethesda System); manual screening under physician supervision
88175	\$29.55	Thin Prep with imaging
99201	\$20.00	New Patient Office or Other Outpatient Visit (with Problem) = 10 minutes
99202	\$35.33	New Patient Office or Other Outpatient Visit (with Problem) = 20 minutes
99203	\$54.25	New Patient Office or other Outpatient Visit (with Problem) = 30 minutes
99211	\$20.00	Established Patient Office or Other Outpatient Visit (with Problem) = 5 minutes
99212	\$20.00	Established Patient Office or Other Outpatient Visit (with Problem) = 10 minutes
99213	\$35.00	Established Patient Office or Other Outpatient Visit (with Problem) = 15 minutes
99214	\$54.42	Established Patient Office or Other Outpatient Visit (with Problem) = 25 minutes
99385	\$20.00	Initial Comprehensive Preventive Medicine (Age 18 through 39 years)

<b>Procedure Code</b>	<b>MA Fee*</b>	<b>Procedure Code Description</b>
99386	\$20.00	Initial Comprehensive Preventive Medicine (Age 40 through 60 years for women stop at under 45 for the waiver)
99395	\$20.00	Periodic Comprehensive Preventive Medicine (Age 18 through 39 years)
99396	\$20.00	Periodic Comprehensive Preventive Medicine (Age 40 through 64 years for women stop at 44 for the waiver)
99401	\$10.00	Genetic Risk Assessment
81055	\$4.00	Urine Pregnancy Test
87621		HPV Testing
85660	\$3.00	Sickle Cell Screening
86762	\$19.83	Rubella Antibody
86781	\$18.30	Antibody; Treponema Pallidum, confirmatory Test (e.g., FTA-ABS)
87075	\$10.00	Culture, bacterial, any source; anaerobic (isolation)
87076	\$10.00	Culture, bacterial, any source; definitive identification, each anaerobic organism, including gas chromatography
87086	\$8.00	Culture, bacterial; quantitative colony count urine
87166	\$8.00	Dark field examination, any source (EG, Penile, Vaginal, Oral, Skin); without collection
		<b>Contraceptives and Other Medications</b>
NDC or CPT	TBA	Antibiotics
A4267	\$0.35	Condoms Male, Each
A4268	\$2.25	Condoms Female, Each
NDC or CPT	TBA	Contraceptive Film
NDC or CPT	\$48.33	Contraceptive Ring (Nuva Ring)
NDC or CPT	\$7.29	Cream jelly (per tube)
NDC or CPT	\$65.47	Depo-Provera (150 mg syr.)
NDC or CPT	\$18.35- \$31.20	Diaphragm
NDC or CPT	\$12.38- \$17.98	Emergency Contraception (Plan B)
NDC or CPT	\$3.91-7.65	Foam (per can)
NDC or CPT	TBA	Medications for vaginal infections
NDC or CPT	\$483.71	Mirena IUD
NDC or CPT	\$10.00	Oral Contraceptives
NDC or CPT	\$50.88	Ortho Evra (Patch) 3 units
NDC or CPT	\$419.44	Paraguard
NDC or CPT	\$585.07	Implanon

Title XIX Medical Assistance Program Family Planning Clinic Fee Schedule

## IV. Who is eligible?

Under the SelectPlan for Women guidelines, there are gender, age, income, insurance, residency, and citizenship criteria that must be satisfied to be considered eligible for services under the plan. More specifically eligible clients are those who are:

- **Women**
- **Ages 18-44**
- **Not pregnant or sterilized**
- **Have documented household income at or below 185% of poverty**
- **Residents of Pennsylvania**
- **U.S. Citizens or have Satisfactory Immigration Status**
- **Do not have other health insurance that covers family planning and contraceptive services or cannot access insurance for reasons of confidentiality**
- **Currently not receiving Medicaid or Medicare**

### Income Requirements

All potentially eligible women must have a reported household income that is at or below 185% of the Federal Poverty level in order to qualify for benefits under SelectPlan for Women. The attached chart indicates the allowable monthly household income based on the household size. **Household income** is the combined total income of all reported members of the household as defined below.

#### FY09 Federal Poverty Guidelines Income Eligibility Categories

Family Size	Monthly Income 185% Poverty
1	\$ 1,670.00
2	\$ 2,246.00
3	\$ 2,823.00
4	\$ 3,401.00
5	\$ 3,976.00
6	\$ 4,553.00
7	\$ 5,129.00
8	\$ 5,706.00
For each additional family member add	\$577.00

## Assessing Household Size and Household Income

### Assessing Income

Two primary pieces of income-related information must be determined:

1. The number of people that must be reported as part of the applicant's household
2. The total income that must be reported as the household income.

**Household** is defined as:

1. The Applicant,
2. The Spouse, if married and living in the household,
3. All **Dependent** children and stepchildren
  - Children and stepchildren are included as members of the household if they are under 18 and not emancipated, or if they are 18 or older and financially dependent on the household.
  - If a child or stepchild of any age is receiving a cash grant from DPW, they should not be included as a member of the SelectPlan household.

**Household Income** is defined as:

1. Any income or contributions received by persons listed as part of the applicant's household (applicant, spouse, children or stepchildren) as described above.
  2. All incomes must be reported and have the appropriate documentation as described below when calculating income eligibility.
  3. Income refers to gross income or income before taxes and deductions.
- Examples of **income counted** in determining eligibility include:
    - Wages (Certain deductions are allowed see page 11)
    - Interest
    - Dividends
    - Social Security
    - Veterans Benefits
    - Pensions
    - Spouses and dependent children's income (if living with in the house)
    - Contributions (cash received by an applicant from any source. Contributions should be noted in the other income section and detailed in the additional information section of the application).
  - Examples of **resources not counted** when determining eligibility include:
    - Food Stamps
    - Foster Care Payments
    - Certain housing or utility subsidies
    - LIHEAP
    - Children's SSI Benefits

## **IMPORTANT FACT ABOUT INCOME VERIFICATION:**

In order for a woman to be determined eligible for SelectPlan for Women, her income must be verified. As part of this verification, documentation of all reported income must be submitted to DPW as described on page 19 (submitting applications).

**Documentation of income** includes:

- Pay stubs.
- Award letters or checks received by an applicant her spouse and dependant children living in the household.

Pay stubs must show gross pay and time period. They must be recent (within 5 weeks and reflect a typical payment so that monthly income may be calculated). If there are no pay stubs an employer can write a letter that states weekly pay (this amount can be multiplied by 4 to get the monthly income). For a complete list of types of income to be reported see the *Reportable Income* table on the next page.

### **Self Employed**

If a woman is self-employed, copies of tax returns or receipts, or other records count as proof of income.

### **Enrolling someone with “no” income?**

Applicants can self declare that they have no income. No proof is necessary. Comments about how the woman lives if she has no income can be documented in the additional information section of the application.

### **Confidential Applications**

If confidentiality considerations limit an applicant’s ability to get documentation (i.e. a spouse’s pay stub), the document income section of the application allows for entering information to explain why an applicant has no reportable income in the additional information section.

## Determining Income

The following chart is a list of reportable income based on the guidelines of both SelectPlan for Women and Title X. As indicated in the table, calculating household and household income for SelectPlan is different than for Title X.

### Reportable Income

Type of Income	Title X	SelectPlan for Women
Wages (including tips)	X	X
Salaries	X	X
Commissions and bonuses	X	X
Earnings from therapeutic activities	X	X
Profit from self employment	X	X
Employee sick benefits if the person is returning to work	X	X
Rental Income	X	X
Earnings of a child	X	X
Retirement benefits	X	X
Unemployment compensation	X	X
Worker's compensation	X	X
State or county retirement or disability benefits	X	X
Veteran's affairs benefits	X	X
Pensions and annuities	X	X
Social security benefits	X	X
Dividends, royalties, and interest in the calendar month posted or received	X	X
Court ordered or voluntary support or alimony payments	X	X
Contributions	X	X
Educational assistance	X*	
Prizes and awards (e.g. lottery, contest, etc.)		X
Inheritance		X
SSI, public assistance payments, Income tax refunds	X	
Foster care and adoption subsidy payments		
Gifts and borrowed money		
Capital Gains		X

Loans and grants, such as scholarships, obtained and used under the conditions that preclude their use for current living costs. **X=counted income**

## **Income Deductions**

When calculating household income for potentially eligible women there are certain deductions to her reported income that may be considered. These deductions are based on specific criteria as defined below.

When reporting income on the applications, report the income without deductions. Income deductions are only used to assess if women meet the basic income requirements of 185% of poverty. DPW will apply all applicable deductions when determining eligibility.

The SelectPlan earned income deductions are \$120 for each individual in the household with earned income, and as follows for childcare or dependent care to enable the applicant to work:

- \$175 for child 2 or older or incapacitated person when full-time
- \$150 for child 2 or older or incapacitated when part-time
- \$200 child under 2 full or part-time

SelectPlan applicants are also eligible for an earned income deduction if they have received Medical Assistance anytime in the three months preceding their application, their earned income will be discounted by 50%.

## **SelectPlan for Women Screening Tool**

The following document is a screening tool that may be used to screen quickly screen potentially eligible clients for Select Plan for Women.

## SelectPlan for Women Screening Tool

1. Does client have insurance that covers Family Planning visits and/or medical services?
  - If YES, does this insurance cover all FDA approved birth control methods?
  - If YES, can the client use this insurance without concern of keeping confidential from spouse or parents?

If **YES** to all the above questions, **STOP HERE.**  
The client does not qualify.  
Discuss other options.

If **NO** to one or more of the above questions,  
**CONTINUE SCREENING.** ↓
  
2. Is the client between 18 and 44?
 

If **YES**, **CONTINUE SCREENING.** ↓

If **NO**, **STOP HERE.**  
The client does not qualify.  
Discuss other options.
  
3. Is the client a PA resident?
 

If **YES**, **CONTINUE SCREENING.** ↓

If **NO**, **STOP HERE.**  
The client does not qualify.  
Discuss other options.
  
4. Is the client a US Citizen or Permanent Resident?
 

If **YES**, **CONTINUE SCREENING.** ↓

If **NO**, **STOP HERE.**  
The client does not qualify.  
Discuss other options.
  
5. Is the client pregnant or sterilized?
 

If **YES**, **STOP HERE.**  
The client does not qualify.  
Discuss other options.

If **NO**, **CONTINUE SCREENING.** ↓
  
6. Does the client meet the income requirements? (Use worksheets below, as needed.)
 

If **YES**, the client qualifies.  
Complete an application for SelectPlan.

If **NO**, **STOP HERE.**  
The client does not qualify.  
Discuss other options.

### Household Income – Quick Calculator

<b>Number in Household</b> Applicant plus spouse, children, and step-children living with client.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Earned Monthly Income Before Taxes</b></td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 30%;"><b>Unearned Monthly Income</b></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 30%;"><b>Total Monthly Income</b></td> </tr> <tr> <td style="border-top: 1px solid black;">\$ _____</td> <td style="border-top: 1px solid black;">+</td> <td style="border-top: 1px solid black;">\$ _____</td> <td style="border-top: 1px solid black;">=</td> <td style="border-top: 1px solid black;">\$ _____</td> </tr> </table>	<b>Earned Monthly Income Before Taxes</b>	+	<b>Unearned Monthly Income</b>	=	<b>Total Monthly Income</b>	\$ _____	+	\$ _____	=	\$ _____	<b>Is total income under 185%?</b> 1 in household = \$1,670/mo; \$770/bi-weekly; \$385/wk 2 in household = \$2,159/mo; \$1,036/bi-weekly; \$518/wk 3 in household = \$2,714/mo; \$1,302/bi-weekly; \$651/wk 4 in household = \$3,269/mo. \$1,568/bi-weekly; \$784/wk <b>Add \$577/mo, for each additional household member.</b> <ul style="list-style-type: none"> <li>If <b>YES</b>, client is eligible. Proceed with application.</li> <li>If <b>NO</b> and the client works, complete worksheet below to determine if further deductions can be taken that would help her to qualify.</li> </ul>
<b>Earned Monthly Income Before Taxes</b>	+	<b>Unearned Monthly Income</b>	=	<b>Total Monthly Income</b>								
\$ _____	+	\$ _____	=	\$ _____								

### Worksheet for Income Deductions

<b>Total Monthly Earned and Unearned Income</b> (from above grid)	\$ _____
<b>Deduction for Client Working</b> If client works Full Time or Part Time, enter \$120 here.	Minus: \$ _____
<b>Deductions for Childcare</b> Client employed Full Time or Part Time Number of children <b>under age 2</b> = ____ x \$200 each	Minus: \$ _____
<b>Deductions for Childcare</b> Client employed <u>Full Time</u> Number of children <b>age 2 and over</b> = ____ x \$175 each	Minus: \$ _____
<b>Deductions for Childcare</b> Client employed <u>Part Time</u> Number of children <b>age 2 and over</b> = ____ x \$150 each	Minus: \$ _____
<b>Monthly Income with Adjustments</b>	\$ _____

## **Identity, Residency, and Citizenship**

In order to be eligible for benefits under SelectPlan for Women, women must be :

- Pennsylvania Residents and
- US Citizens or have satisfactory immigration status as defined below.

## **Documentation**

### **Identity and Residency**

The most common documents used for proof of identity are driver's license or other government-issued identification (ID). When using these forms of ID, the ID # should be placed on the application. Copies of government issued ID's do not need to be sent to DPW. Women applying for SelectPlan for Women may use other forms of photo ID's such as employment or school ID's. Copies of non-government issued ID's must be submitted to DPW as supporting documentation.

### **Residency**

Pennsylvania residency is determined by the address the woman gives. No Documentation is required unless the client is under 21 and proving that she has her own residence in PA.

Under 21: Residency for clients under the age of 21 is based on the residency of their parents. However, women under 21 that can prove they have their own residence other than college housing, may use their address to meet the residency requirements.

### **Citizenship**

The most common documents used for citizenship are birth certificates or passports.

The following is a partial list of acceptable documents to prove citizenship status.

#### Women born in the US

1. Passport - Active or expired as long as it was originally issued without limitations.
2. Birth Certificate.
3. Final Adoption Papers - Decree must show the individuals name and U.S. place of birth.
4. Military Record - Document must show a U.S. place of birth (i.e. DD-214 or similar document).

#### Women born outside of the US

1. Certificate of Naturalization - Form N-550 or N-570
2. Certificate of Citizenship - Form N-560 or N-561

At times there may be circumstances (as determined necessary by DPW) where the department will be verifying identity and citizenship. Clients should be notified that it is possible that they may be contacted by DPW.

**Temporary aliens are not eligible to apply for SelectPlan.**

**Permanent residents are eligible to apply,** but their residency number must be on the application for it to be processed by DPW. If it is not on the application, the DPW will contact the applicant to try to obtain the number. If the number cannot be obtained, the case will not be opened.

Lawful permanent aliens who have Green Cards are potentially eligible for SelectPlan, but the Green Card's number must be on the application before it can be processed.

### **Creditable Health Insurance**

SelectPlan for Women is a special benefits package for women who do not have or can not access creditable health insurance that covers family planning and contraceptive services.

Creditable health insurance, according to SelectPlan for Women, refers to accessible insurance that pays for the full range of family planning and contraceptive services as defined under the SelectPlan benefit package. Accessibility refers to a woman's ability to use her insurance without jeopardizing the confidentiality of her services (see SelectPlan and confidentiality in the next section).

#### **SelectPlan and Commercial Insurance**

If an applicant has commercial insurance that covers a SelectPlan service, the commercial insurance must be billed for those services. If the commercial insurance covers only a portion of the services provided, including contraceptives then SelectPlan can be billed for the uncovered portion.

If the client can not use her insurance because of the need for confidentiality then she may apply for coverage under SelectPlan for Women (see *SelectPlan and Confidentiality* in the next section).

## V. What is the application process?

In order for DPW to determine the eligibility status of candidates, a complete application must be submitted verifying that they meet the eligibility criteria. Generally, there are two methods that can be used to apply for coverage for potentially eligible candidates. They are:

1. The preferable method, COMPASS electronic application system.
2. Paper applications.

In order to expedite the application process:

1. The application process can be started over the phone using paper applications.
2. Household income and family size information, pertinent to SelectPlan, may be requested.
3. Information about women's residency and citizenship can be requested to determine potential eligibility.
4. Facts about SelectPlan and documentation requirements can be discussed.

However the above information may not be used to:

1. Determine fees,
2. Replace the Title X income assessment at visits, or
3. Discuss cost of services.



### SelectPlan and Confidentiality

When completing applications, if a woman can not access her health insurance or other financial records because she is receiving confidential services, confidential applications may be completed. In addition, for the same reasons women are permitted to use an alternate CONFIDENTIAL address on their applications. If an alternate address is being used for reasons of confidentiality, the application should only reflect the address where the applicant wants to be contacted. In all of these cases providers should note the need for confidentiality in the additional information section of the application.

## Using COMPASS to submit applications

When using COMPASS to submit applications, please note the following:



1. When logging on to COMPASS providers must identify themselves as, “enrolled with DPW as a Medicaid or Non-Medicaid provider and enter their agencies 13 digit MA Provider Number
  2. Providers must make sure that all required fields for processing the application are completed. This information is essential in DPW’s calculation of income. Required fields include:
    - Number of hours worked
    - State where an employer is located
    - Date of last pay (earned or unearned)
    - Details about citizenship status for no-citizens (permanent resident # etc.)
- NOTE: These fields are not included on the paper application but the information must be recorded.
3. Stated income and the supporting documentation must be accurate and reflect the applicants household gross monthly income.
  4. All COMPASS applications must be submitted by the end of the month in which services were received by the applicant.

## COMPASS Home Page

On the following pages review the screen shots of the COMPASS Homepage and the provider identifier page. Make special note that on the sign in page, providers log on in the Community Partner Log In Section on the lower right corner of the page.

Special Notes about logging in to COMPASS:

1. The Keystone ID refers to your individual log in name.
2. All providers must identify themselves as enrolled with DPW as a Medicaid or Non-Medicaid provider applying on behalf of a client.
3. Providers must provide a valid Medicaid provider or Non-Medicaid number.

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**Welcome to COMPASS**  
The fast and easy way to apply for benefits - anytime and anywhere.  
COMPASS is an online application for Pennsylvanians to apply for many health and human service programs.  
Click on the Apply Now button below to begin or use the links on the right side for further assistance.

[Apply Now](#)

**GET STARTED NOW**

- ▶ [Screen for benefits](#)
- ▶ [Apply for benefits](#)

**RETURNING USERS**

- ▶ [Renew your benefits](#)
- ▶ [My COMPASS Account](#)
- ▶ [Finish your application](#)
- ▶ [Check application status](#)

**About COMPASS**  
If you want to find out if you qualify for Pennsylvania health and human services, apply for new benefits, finish your application or check your status, you're in the right place.  
By using COMPASS you can apply at any time during the day or night from home, a library or any location with Internet access.  
COMPASS is an online application for Pennsylvanians to apply for many health and human service programs.  
[Learn more about COMPASS](#)

**Learn About Benefits**  
For complete information on the specific health and human service programs or benefits available through COMPASS, click on the links below.  
Health Care

- [Medical Assistance](#)
- [CHIP](#)
- [adultBasic](#)

Cash Assistance

- [Home Energy Assistance \(LIHEAP\)](#)
- [Food Stamps](#)
- [Home and Community Based Services](#)
- [Long Term Care](#)

**Community Partner Information**  
Community Partners are community-based agencies, organizations, coalitions, hospitals, church groups and other groups that wish to help Pennsylvanians submit applications for health and human services.  
• [Register to become a Community Partner](#)

**Community Partner Log In**

Keystone ID

Keystone Key For Business Users

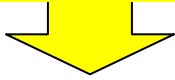
Password

[Sign In](#)

[Forgot/Change Password?](#)

To change a password, a user must use the “forgot password” field on COMPASS not the “change password” field. Almost every time users cannot get into COMPASS it is because their passwords have expired.

You must identify yourself as an enrolled Medicaid/Non Medicaid provider



**Please Identify Yourself**

I am enrolled with DPW as a Medicaid or non-Medicaid provider and I am applying on behalf of a client (must provide a valid Medicaid provider or non-Medicaid number).

**Medicaid Provider:**

Type of Medical Service: \*

Medicaid Provider Number (123456789 - 1234): \*  -

**Non Medicaid Provider:**

Non Medicaid Provider Number (A1234567): \*

## Using Paper Applications

Paper applications can be used in two ways:

1. They can be completed and mailed/faxed to DPW with any acquired documentation
2. As a tool to collect the necessary information for transfer to a COMPASS application and submitted.



There are fields on the COMPASS application that do not appear on the paper application:

1. State of Employer
2. Details about citizenship status for no-citizens (permanent resident # etc.)
3. Date of last income received (earned or unearned), place this info in the section that asks for frequency of pay on the application.
4. Number of hours worked

When mailing or faxing paper applications the effective date of the application is based on the date that it was signed by the applicant.

## **Application Submission**

All applications must be submitted through the COMPASS System or in paper format in order for DPW to determine the eligibility of the applicant.

Providers submitting applications to DPW in good faith that are rejected for any reasons other than listed below shall have their initial service date reimbursed.

- Duplicate applications
- Applicants currently receiving MA benefits
- Applications for non U.S. citizens
- Males or applicants under 18 or over 44

### **Submitting Electronic Applications Using COMPASS**

- COMPASS applications are submitted by clicking the submit application button at the end of the electronic application
- All required documentation should be mailed or faxed when using paper applications

### **Mailing Paper Applications and Other Documents**

- **Mail** Application and Copies of Verification Documents to:
  - **DPW- Central Unit**  
1401 N. 7<sup>th</sup> St.  
PO Box 2675  
Harrisburg, PA 17105-2675
- **Print** the Name and Social Security Number on each document across the top of the page.

### **Faxing Applications and Other Documents:**

- **Fax APPLICATIONS TO 1-717-346-0363**
  - Send a separate fax for each individual application
  - A Cover Sheet is **not** required
- **Fax COPIES OF DOCUMENTATION TO 1-866-322-2678**
  - Send a separate fax for each individual applicant
  - Only one document type should be included on a page. For example, two paystubs could be included on one page. However, a birth certificate and a paystub would be sent of two separate pages.
  - Print the Name and Social Security Number on each document across the top of the page.
  - Please fax only required verification.
  - **DO-NOT** hold verification for longer than one day. “Batching” verification may have adverse affects including incorrect notices or closures.

## **Making Corrections to Submitted Applications**

If a SelectPlan application has been submitted using COMPASS or paper format with an error, corrections can be made by faxing corrections to the Central Unit (717-346-0363). Make sure it is clear that only a change to a submitted application is being requested and that this is not an additional application. Corrections may be submitted to more than one application on a single fax, if needed; just be sure to provide the identifying information for each applicant. Corrections may also mail corrections to the Central Unit.

- No corrections can be made after 60 days.
- Even if a notice of ineligibility (a PA162) has been received, a change may be made

### SAMPLE APPLICATION CORRECTION

#### **FAX**

To: Central Unit  
Fax: 717-346-0363  
Date: 3/17/08  
From: XYZ Clinic, Sue Worker  
Fax: 215-123-4567  
Phone: 215-123-4568

#### **CORRECTIONS/ADDITIONS**

To 3/10/08 SelectPlan Application  
Jane Doe has \$600/month in childcare expenses  
Jane Doe is not pregnant; that box was checked in error

JANE DOE            DOB: 1/1/1974  
SSN 123-45-6789    W12345678

## **Effective Application Dates**

When submitting applications to DPW here are some important facts:

- Paper applications are valid from the date signed on the application not the date received by DPW and retroactive to the first of that month.
- COMPASS applications are valid from the date received by DPW and retroactive to the first of that month.

## VI. How do I know when clients are approved?

After applications are submitted to DPW in whole (with all corresponding documentation) or in part (without documentation) DPW will respond in one of several ways with a document called a PA 162 Form. The PA 162 Form is DPW's formal response to all applications submitted and it details the following information.

1. Notification to applicants and providers that additional supporting documentation is needed (i.e. Income Verification and Social Security #).
2. Notification to applicants and providers of client eligibility.

As indicated in the next section, Reading the PA 162 Form, for purposes of verifying eligibility please note that SelectPlan for Women is identified as "Benefits Package 15".

### Verifying Eligibility: Using DPW's Eligibility Verification System or PROMISe

When verifying eligibility, **do not check COMPASS for applicant eligibility.** COMPASS is not updated when application statuses change. Instead, use EVS (DPW's electronic verification system to determine Medicaid eligibility status) or PROMISe (DPW's claim processing system). However, when verifying eligibility through the EVS and PROMISe systems do not put the application date in the service date fields ("services from" and "services to"). Instead, in the "services from" field, use the date of the first of the month in which services were received by the applicant. In the "services to" field, use the date that is 30 days after the first of the month in which services were received by the applicant. The applicant's social security # and date of birth can additionally be used to look up the application status in these systems. Additionally, when using EVS and PROMISe to verify the eligibility status of applicants, as on the 162 Form, SelectPlan for Women is identified as, "Benefit Package 15".

## Reading the PA 162 Form

Following is a scaled-down version of the PA 162 form. Shown is the information contained and how it can be accessed.

Notice ID: \_\_\_\_\_

DPW Central Unit 1234 4 <sup>th</sup> street P.O. Box 1234908 Harrisburg PA 55555	<b>MEDICAID NOT ELIGIBLE NOTICE</b>
CAO RETURN ADDRESS   CSLD	

Applicants Eligibility Status

Location where app. was processed

\*12345678910\*

CO	RECORD	DIST	CAT	GG	PS
23	1234567	0	PW		00

Worker:  
Telephone:  
Date:  
NOT:

Case Worker Assigned to Application

Your Clinic Name  
555 Family Planning way  
Healthy, PA 12345

The bottom portion of the PA 162 details either a person's eligibility for the program, any required but missing documentation and or the reason that the person is not eligible for the program for example:

## IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

### EXAMPLE OF ELIGIBLE APPLICANT

You have been determined eligible for benefits effective 02/01/2008

You are eligible for family planning services. A PA ACCESS card will be mailed to you unless you have one. If you have any questions or changes to report, please contact the Department of Public Welfare's Office. The box above lists how to contact the office. When contacting the office, please provide your record number.

## **IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE**

### **EXAMPLE OF ELIGIBLE APPLICANT WITH MISSING DOCUMENTATION**

You have been determined eligible for benefits effective 02/01/2008

You are eligible for family planning services. Proof of your income is required. Proof of your income was not received with your application. It must be received by 03/21/2008. If proof of your income is not received, your benefits will be discontinued on 04/20/2008.

A PA ACCESS card will be mailed to you unless you have one. If you have any questions or changes to report, contact the Department of Public Welfare's Office. The box above lists how to contact the office. When contacting the office, please provide your record number. It is located in the boxes at the top and bottom of this notice.

Citation: 55 PA Code 181.1. 140. 130 (a. b.) 201.1: Pennsylvania's Family Planning Waiver 12/29/05. Section III. 3.2

## **IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE**

### **EXAMPLE OF AN INELIGIBLE CLIENT**

You have been determined **not eligible** for benefits based on your application dated 02/01/2008

To qualify for family planning services provided by Medical Assistance, you must meet all of the following requirements. You do not meet those items checked below:

1. Be age 18 through 44.
2. Be uninsured or have no family planning insurance coverage.
3. Be female.
4. Not be pregnant.
5. Have not had a treatment or procedure that prevents pregnancy.
6. Be a US citizen or legal alien.
7. Be a resident of PA.
8. Provide proof of identity.
9. Have income that does not exceed 185% of Federal Poverty level.

## More Important Facts of the PA 162 Form

On the second page:

**SECTION A** THE FOLLOWING PERSON(S) ARE AFFECTED BY THE ACTION ON THE FRONT NOTICE

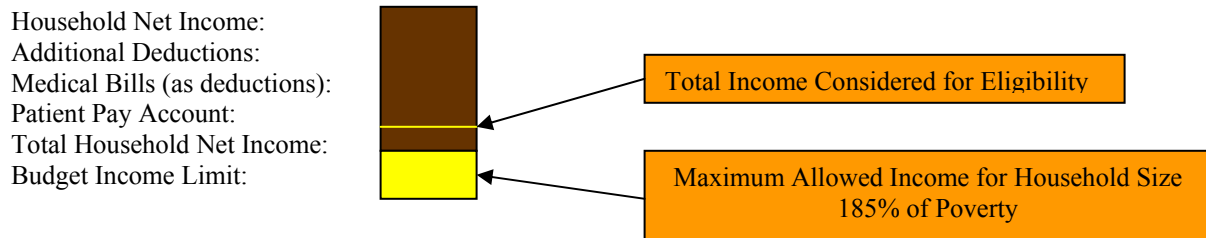
Line	First Name	ACCESS/INDIVIDUAL Number	v	BNFT PKG
01	clients name	123456789		15

THIS IS THE CLIENTS MA #

THIS IS THE CODE FOR SELECTPLAN  
Benefits Package 15

**SECTION B** THE FOLLOWING PERSON(S) INCOME OR FINANCIAL INFORMATION WERE INCLUDED IN THE DETERMINATION OF YOUR MEDICAID BENEFITS

	Line	Line	Line	Line	Line	Line	Line	Line
<u>GROSS INCOME</u>								
Earned:								
Unearned:								
<u>DEDUCTIONS</u>								
Earned Income:								
Unearned Income:								
Dependant Care:								
<u>NET INCOME</u>								
Individual Totals:	This line reflects the net income used for all reported family members Individually							



## VII. Eligibility Renewal Process

According to the policies and procedures of the SelectPlan for Women benefit package, all eligible clients will remain eligible for the period of one year. In order to remain eligible for subsequent years, all eligible clients must then undergo an annual renewal process as defined in this section to receive continued benefits under SelectPlan for Women.

Starting in February of 2009 for all eligible clients who's renewal date is in March Of 2009 or after the following process applies:

- All clients will be mailed a pre-populated renewal form which must be signed and mailed back to DPW in the self-addressed and stamped envelope provided. This must be done even if there are no changes to the information.
- If any of the information has changed the client is instructed to:
  1. note the change on the form
  2. attach income verification if the reported income has changed,
  3. mail the corrected form back to DPW in the self-addressed and stamped envelope provided.
- Clients can send back the renewal form up to 2 months after the renewal date.
  1. if the client does not submit the required form within the 2 month period, the case will be closed. Once a case is closed a new application to determine eligibility must be submitted.
- The client will not receive a PA 162 if the renewal is complete and benefits are continuing. Clients will only receive notification if the case is closed.
- If the renewal notice is returned to DPW because the address was incorrect, the case will be closed.

As a result clients should be encouraged to update their address with DPW to facilitate the renewal process. Clients can do this through the Change Center, their case worker at DPW or on-line through MY COMPASS. If a client has questions about the renewal process or did not receive a renewal form and are due for renewal they should call 1-866-376-8231. However, if the client is past the 2 month renewal period and not eligible in EVS, another application must be submitted.

State-Wide Change Center  
1-877-395-893  
Hours are 7:30 a.m. to 6:00 p.m.  
Monday through Friday

## VIII. Who do I contact with questions?

### Department of Public Welfare SelectPlan for Women Contact List

Issue	Type	Contact	Number/E-mail
COMPASS Community Partner Registration	Individual Issue/Question	Cindy Good	717-772-7892
COMPASS Log-in	Individual Issue/Question	Desktop Administration	1-800-281-5340
COMPASS Verification faxing or uploading	Individual Issue/Question	CIS Hotline	1-866-620-5057
PROMISE Claims Issue	Individual Medical Claim Issue/Question	DPW Provider Service Center	1-800-537-8862 option 4
	Individual Pharmacy Issue/Question	DPW Pharmacy Services	1-800-558-4477 option 1
PROMISE Provider Enrollment Issue	Individual Issue/Question	DPW Provider Enrollment	1-800-537-8862 option 1
Eligibility Verification System (EVS) Question	Individual Issue/Question	Provider Assistance Center	1-800-248-2152 or 717-975-4100
Recipient Eligibility	Individual issue/question where information or status check is needed	DPW Helpline or IMCW as listed on the PA 162	1-800-842-2020 or See PA 162 Notoce for name and contact info of IMCW
Recipient Eligibility	Individual issue/question where action on case needed	Change Center or Case Worker (request supervisors assistance for unresolved issues at either the Change Center or the County Assistance Office /Central Unit )	1-877-395-8930 (statewide) or 1-215-560-7226 (Philadelphia) or see PA162 Notice for name and contact info of IMCW

## IX. INDEX OF IMPORTANT TERMS

**Asylee** – Is a person who has been granted asylum: that is, granted the right to remain permanently in safety, in the United States.

**Benefits Program** – Refers to the specific services that are covered under SelectPlan for Women.

**Citizenship** – Refers to the status of being a citizen which entitles one to all the rights and privileges of the United States under the law.

**COMPASS** – Is DPW's electronic application system used to apply for any of their benefits packages including SelectPlan for Women.

**Confidentiality** – Refers to one's ability to receive services without fear of the information being disclosed to others without their consent.

**Creditable Health Insurance** – According to SelectPlan for Women refers to accessible insurance that pays for the full range of family planning and contraceptive services.

**Dependant Children** – Refers to any child or step child living in the household that is financial dependant on the applicant.

**DPW** – Department of Public Welfare, administrators of the SelectPlan for Women program.

**Eligibility Criteria** – Refers to the minimum requirements that an applicant must meet in order to be eligible for benefits under SelectPlan for Women.

**EVS** – DPW's Electronic Verification System an electronic voice information system to determine Medicaid eligibility status.

**Family Planning Waiver** – Also known as *SelectPlan for Women*, is a special benefits package, supporting only family planning services, created by DPW to reduce infant deaths, unintended pregnancies, and to help women receive family planning services.

**Federal Poverty Level** – Department of Health and Human Services' income scale used to determine financial eligibility for benefit programs.

**Household** – Refers to specific people who share a common dwelling that based on set criteria must be included on the SelectPlan application (i.e. applicant, married spouse living in the house and dependant children/step children).

**Household Income** – Any income (earned or unearned) or contributions received by persons listed as part of the applicant's household (applicant, spouse, children/stepchildren).

**Identity** – Is an umbrella term used to make sure a person (applicant) is who they say they are when applying for benefits under SelectPlan for women.

**Income Deductions** – Refers to a dollar amount that applicants can subtract from their household income for specific reasons as disclosed in this document to assess their eligibility for SelectPlan for women.

**LIHEAP** – Low Income Home Energy Assistance Program is a federally funded block grant program for low income households who seek assistance for their home energy bills.

**Medicaid** – Is the United States health program for low-income parents, children, seniors, and people with disabilities.

**Medicaid Eligibility Criteria** – Refers to specific guidelines that potential applicants for the program must fit in they include age, whether you are pregnant, disabled, blind, or aged; your income and resources (like bank accounts, real property, or other items that can be sold for cash); and whether you are a U.S. citizen or a lawfully admitted immigrant.

**Medicare** – Is the U.S. government's health insurance program for people age 65 or older. Certain people under age 65 can qualify for Medicare, too, including those with disabilities, permanent kidney failure or amyotrophic lateral sclerosis.

**PA 162 Form** – Is the verification form used by DPW to report on applicants eligibility status or need for additional information.

**Pennsylvania Resident** – Refers a person who has established residency renting, leasing, or owning property in Pennsylvania which they use as their primary residence or they pay Pennsylvania State and local taxes.

**PROMISe** – DPW's electronic claims processing system.

**SSI Benefits** – Supplemental Security Income, The SSI program provides cash assistance to individuals who have limited income and resources and are either age 65 or older, or blind or disabled, including children. SSI is a "needs-based" program, sometimes called a "welfare" program.

**Suspending Applications** – Is a process that allows applications to be held in the COMPASS without being submitted until the application can be submitted in full or essential documentation is acquired.

**Title X** – A U.S. government (Department of Health and Human Services, Office of Population Affairs, Office of Family Planning) program that supports family planning services for low-income individuals.