

PART II. PUBLIC ASSISTANCE MANUAL

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Authority

The provisions of this Part II issued under Article IV of the Public Welfare Code (62 P.S. §§ 401—488), unless otherwise noted.

Source

The provisions of this Part II adopted August 5, 1977, 7 Pa.B. 2180, unless otherwise noted.

Subpart A. ASSISTANCE POLICIES AND PROCEDURES

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CHAPTER 100. STATEMENTS OF POLICY

Sec.	
100.1.	[Reserved].
100.2.	Health insurance provisions for Single Point of Contact (SPOC).

§ 100.1. [Reserved].**Source**

The provisions of this § 100.1 adopted May 13, 1988, effective January 1, 1988, 18 Pa.B. 2222; reserved February 9, 1996, effective February 10, 1996, 26 Pa.B. 596. Immediately preceding text appears at serial pages (149954) and (128205) to (128207).

§ 100.2. Health insurance provisions for Single Point of Contact (SPOC).

The Department will provide health insurance coverage through a new type of Medically Needy Only—MNO—coverage.

(1) *Eligibility for coverage.* An individual, or the individual's spouse, children under 21, or other dependents in the household, may elect health insurance coverage if that individual meets the following requirements:

- (i) Participated in a SPOC program.
- (ii) Enters employment during or within 90 days of completion of SPOC activities.
- (iii) No longer qualifies for Medicaid benefits.
- (iv) Elects the insurance coverage by signing a written statement consenting to pay premiums for the coverage.

(v) Is not covered—or could not have elected coverage—under a group health plan of the individual or spouse, if a contribution toward the plan's cost is being made by an employer, former employer, union or entity other than the individual or the spouse. If employers or other entities pay any part of a health plan's costs, the clients are not eligible for this SPOC health insurance coverage. If the employer makes a contribution toward the cost of the employee's coverage but not the employee's dependents' coverage, the dependents may be covered by SPOC health insurance, if otherwise eligible.

(2) *Type of coverage.* A participant receives Medicaid coverage in a new category—TR—for health insurance clients only. This TR category is similar to MNO benefits, except that no nursing home care coverage is included. A client will receive a green medical assistance identification—MAID—card semi-monthly that the client may use for covered services from providers participating in the Medical Assistance Program.

(3) *Cost to enrollee.*

(i) Following receipt of the appropriate extended Medicaid benefits, health insurance enrollees shall pay:

<i>Period of TR Insurance Coverage</i>	<i>Percentage Paid by Client</i>	<i>Amount of Monthly Premium Cost Per Person</i>		
		<i>Allegheny/Philadelphia/All Other Counties</i>		
Months 1 and 2	0	0	0	0
Months 3 through 8	25%	\$ 8.25	\$10.25	\$ 7.50
Months 9 through 14	50%	\$16.50	\$20.50	\$15

<i>Period of TR Insurance Coverage</i>	<i>Percnetage Paid by Client</i>	<i>Amount of Monthly Premium Cost Per Person</i>		
		<i>Allegheny/Philadlephia/All Other Counties</i>		
Months 15 through 20	75%	\$24.75	\$30.75	\$22.50
Thereafter	100%	\$33	\$41	\$30

(ii) Premium costs in subparagraph (i) were based on the actual average per capita costs to the Department for the medical services provided.

(4) *Length of coverage.*

(i) The client is enrolled for health insurance upon receipt of an application, including the signed consent to pay the premium amount for the health insurance coverage. Coverage ends when one of the following occurs:

(A) Appropriate premiums have not been paid.

(B) Employment ends.

(C) The SPOC participant becomes eligible for Medicaid or other health insurance as specified under paragraph (1).

(ii) If a client enrolled in the health insurance program changes jobs but still meets the criteria under paragraph (1), the client may continue to receive the health insurance coverage.

Source

The provisions of this § 100.2 adopted May 27, 1988, effective January 1, 1988, 18 Pa.B. 2421.

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