

Impact Report

July - September 2022



PHILADELPHIA | HARRISBURG | PITTSBURGH

Helping People in Need Get the Healthcare They Deserve

OUR MISSION & VISION

PHLP is a 501(c)(3) non-profit law firm that represents Pennsylvanians who need help getting or keeping Medicaid and other publicly-funded health care coverage and services.

We serve thousands of individuals from across the state each year. We listen to our client's story and we translate their personal experience into a legal problem to be solved. Sometimes that means challenging a decision to deny or stop Medicaid benefits. We also challenge Medicaid plans when they reduce or deny services.

Taking what we learn from individual cases, we advocate for large-scale policy changes that help others across the state. We also build capacity among consumers, providers, and other advocates by getting out in the community to provide education and training. Using the law and advocacy, we ensure that Pennsylvanians meet their most basic needs and have a pathway to opportunity.

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Catharine Arranz

Paralegal

2022

Quarter 3: At a Glance



Through our statewide Helpline, we served hundreds of individuals from across Pennsylvania during the months of April, May, and June. We listened to our client's stories and we translated their personal experiences into legal problems to be solved. Sometimes that meant challenging a decision to deny or stop Medicaid benefits. We also challenged Medicaid plans when they reduce or deny the services our clients need to live healthy, full lives, such as in-home nursing, personal assistance services, and van modifications. Here is this quarter at a glance:

336

Clients received free legal services

38

Advocates received technical assistance

29

Community education materials created & trainings delivered

197

Consumers received community partner referrals



Accessing Services

Client Spotlight: Miranda

Miranda is a 7-year-old girl who is a longtime and former client of PHLP. Miranda has Down Syndrome, AVV Canal Congenital Heart Anomaly, and has been receiving occupational therapy for the majority of her life. Her Medicaid managed care organization (MCO) denied the continuation of her occupational therapy, stating "a break from therapy is needed at this time", despite the fact that she had been progressing well and there was no medical indication to warrant such a break. This denial failed to take into consideration the medical necessity definition applicable under state Medicaid law, and did not address Miranda's ongoing needs, which were supported through her occupational therapy sessions.

PHLP represented Miranda at her grievance, which is the first step in the appeal process when a service is stopped. In preparation for the grievance, PHLP worked with Miranda's occupational therapist, her primary care physician, and her Down Syndrome specialist to obtain strong letters of medical necessity and other supporting documentation to show not only that Miranda was benefiting from the occupational therapy, but that that it was imperative that the services continue in order to keep her thriving and healthy. We also worked with Miranda's mother to prepare her to testify about Miranda's day to day needs and how much Miranda benefits from the occupational therapist's services.

"Getting help from PHLP meant I got my daughter's occupational therapy services to continue that she much needed."

Client Spotlight: Miranda

We submitted the documentation ahead of the scheduled grievance and asked the MCO to keep another look. Upon review of the new documentation we had gathered, the MCO overturned the denial prior to the grievance and agreed that Miranda should continue receiving her occupational therapy. Miranda will now be able to keep the services she needs to maintain her development and help her life a healthy, fulfilling life. When asked what getting help from PHLP meant to her, Miranda's mother said: "It meant I got my daughter's occupational therapy services to continue that she much needed."

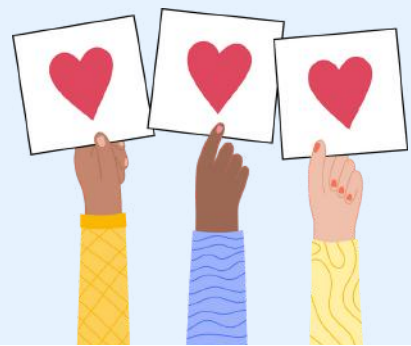
Pictured to the right:
PHLP client Miranda.



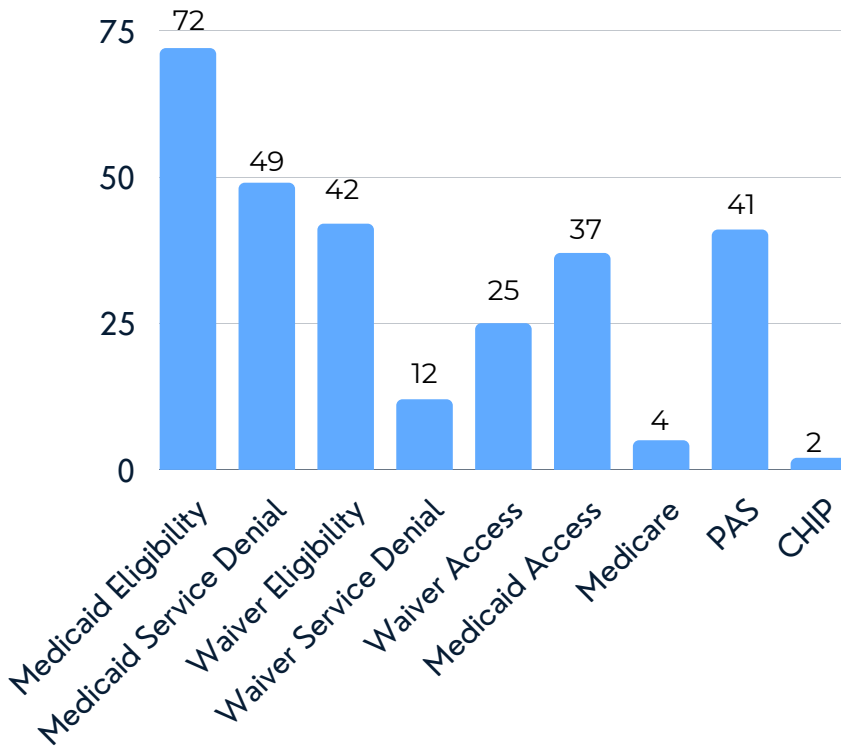
Support Our Work!

Your donation helps support children just like Miranda, who rely on PHLP's legal support to fight for the healthcare they need.

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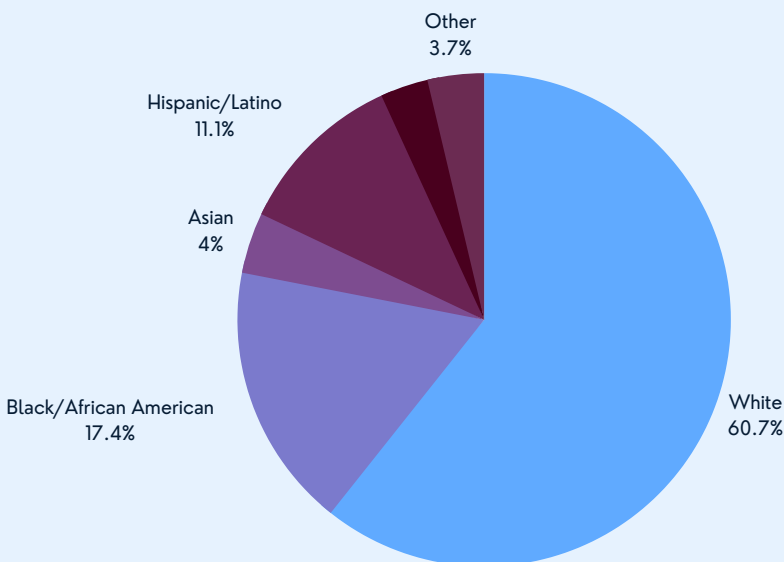
Cases Closed By Legal Issue



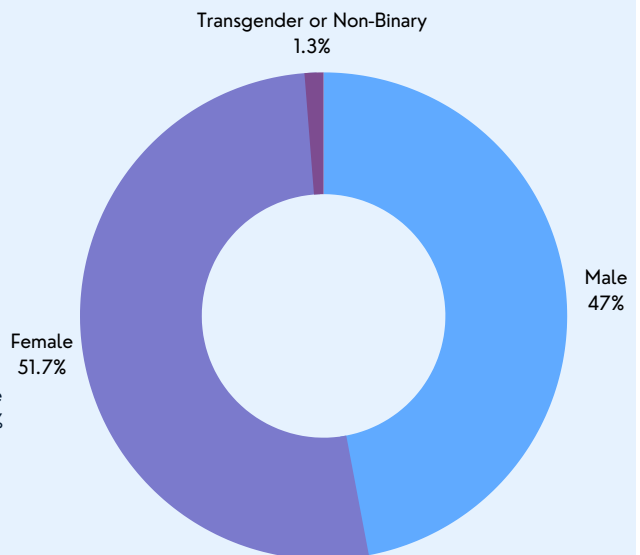
1 in 4
 Pennsylvanians
 is enrolled in
 Medicaid.

3.5 million
 Pennsylvanians are on
 Medicaid. We offer
 them a place to turn
 when they have trouble
 accessing life-saving
 and life-sustaining
 healthcare in the
 Medicaid program.

Clients by Race/Ethnicity



Clients by Gender



Community Education

We use our knowledge of the law and our experience working with clients to train advocates, healthcare providers, social workers, and consumers on a wide range of healthcare related topics. Our trainings range from Medicaid 101 to more in-depth topics like crafting successful strategies for appeals, writing letters of medical necessity, and more. We offer both in-person and virtual trainings.

25

Trainings presented

4

Consumer education guides created

"PHLP helped to explain the laws in a way that was easy to understand."

- Webinar participant

Where do our clients live?

Adams	2	Delaware	20	Montgomery	25
Allegheny	36	Elk	1	Northampton	3
Armstrong	2	Erie	9	Northumberland	2
Berks	5	Franklin	3	Perry	2
Blair	1	Greene	2	Philadelphia	69
Bucks	14	Huntingdon	1	Pike	3
Butler	8	Indiana	4	Potter	1
Cambria	2	Lackawanna	3	Schuylkill	3
Carbon	3	Lancaster	8	Snyder	2
Centre	1	Lebanon	2	Somerset	1
Chester	11	Lehigh	9	Susquehanna	2
Clarion	1	Luzerne	6	Union	1
Clearfield	1	Lycoming	3	Venango	1
Columbia	2	Mckean	1	Washington	7
Crawford	2	Mercer	2	Westmoreland	8
Cumberland	6	Mifflin	1	Wyoming	1
Dauphin	9	Monroe	3	York	6



Accessing Services

Client Spotlight: Wayne

Wayne is a 60-year-old man who initially called PHLP in 2020 after a liver transplant when he needed to obtain Personal Assistance Service (PAS) hours. Wayne had applied for waiver services and was approved, so he was discharged from the hospital. However, his Community HealthChoices managed care organization (MCO) granted him no PAS hours, so he was living alone with no services or supports to keep him safe. PHLP helped Wayne to obtain 42 PAS hours back in 2020 by representing him in the appeal process. But this year, he called us back after a series of health-related issues caused him to require more PAS hours than he was getting. He requested an increase from 42 to 84 hours per week of PAS, but was completely denied by his MCO. PHLP once again represented Wayne in his appeal process, this time for the increase.

PHLP worked with Wayne's healthcare providers to show that his current medical needs had changed enough to warrant an increase in hours. However, after being unsuccessful at the grievance and external review, we pursued the final level of appeal known as the state Fair Hearing. For the fair hearing, we used one of PHLP's Nurse Consultants who did what the MCO failed to do: they went to Wayne's home and met with him, talked with him

Client Spotlight: Wayne

about his care needs, and carefully documenting all of his needs in a formal assessment. Also, due to how long it took to have the fair hearing scheduled, we were able to request Interim Assistance, which increased Wayne's hours to 84 hours per week while we waited for the fair hearing to be scheduled and decided. The temporary increase was a dramatic change for Wayne and greatly improved his quality of life at home. At the fair hearing, we used our Nurse Consultant's Assessment, which swayed the MCO into agreeing to keep the 84 hours per week of PAS in place while they completed a new assessment, having conceded that their initial assessment was insufficient to paint the right picture of Wayne's needs. That new assessment resulted in the continuation of 84 hours per week of PAS.

Wayne is grateful for PHLP's continued assistance as he navigates the systems and services he needs to continuing living in the community, along with his beloved dog, Coco. When asked whether he would recommend PHLP's services to others, Wayne said: "You get 5 stars automatically!"

Support Our Work!



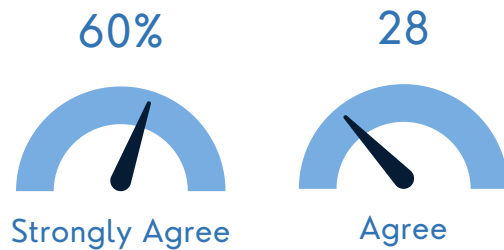
Pictured above: PHLP client Wayne and his dog, Coco.



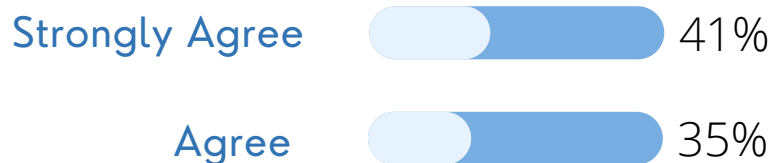
WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS

In late 2021, we launched a pilot program to survey our clients about their experience working with PHLP. Launching this pilot program was a thoughtful, important process that allowed us to hear directly from our clients about what we're doing well, areas we can improve, and what getting help from PHLP meant to our clients. A copy of the survey questions can be found [here](#). Here are excerpts from the survey findings received this quarter:

★ **"I would recommend PHLP's services to other people."**



★ **"As a result of PHLP's help, my situation or life has improved."**



WE LISTEN:

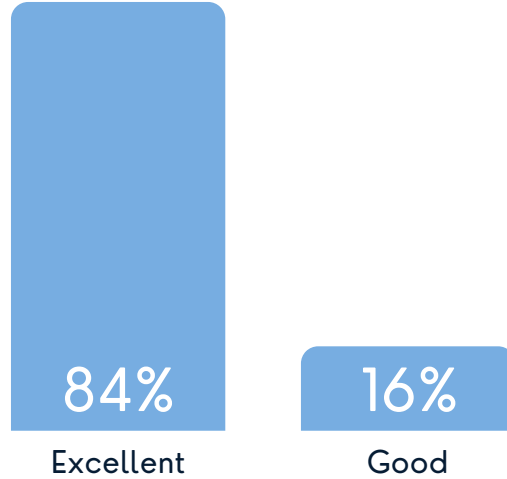
CLIENT SATISFACTION SURVEY RESULTS



"My PHLP lawyer or paralegal listened to me."

92%

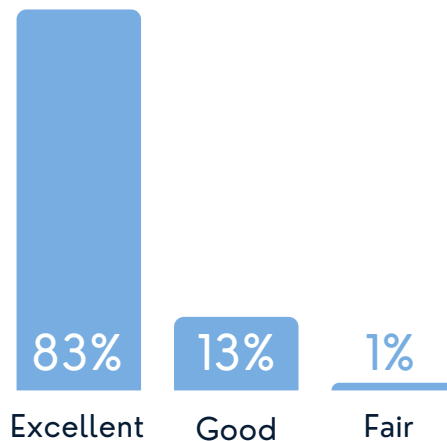
of clients report a favorable result in their case thanks to PHLP.



On average, survey respondents rated our intake response time as 4.8 out of 5.



"My PHLP lawyer or paralegal explained my case and legal options available to me."



WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS

★ What did getting legal help from PHLP mean to you?

It was such a relief to have someone who knew the law and could help me navigate the steps to getting an appropriate wheelchair for my daughter.

It saved our home.

Thank goodness for what you do! Lauren helped us to see the big picture of our case against Magellan and provided important guidance and support.
Thank YOU!

Someone cared enough to help when we needed it badly and had the competency to provide help in the way that fit our difficult situation.

Erin was patient, accommodating, knowledgeable and very responsive to both my needs and my questions. She anticipated what I would need for the appeal process and diligently and courteously walked me through it.

Getting legal help meant the world to me and my family. Despite my tireless efforts to advocate for my daughter, I was not able to get the results that she needed. I have no doubt that it was because of the legal advice, education and advocacy by PHLP, we were able to achieve the help we desperately need. I am forever grateful. I would not hesitate to say that this legal support saved lives by securing help for our daughter which allow us to keep her at home. I am truly humbled.

Peace of mind of having help is priceless, relief I wasn't alone, confidence it'd all would be resolved.

The help we received will change my daughter's life by allowing her to go to college with her peers. The impact to her future cannot be measured in words and we are truly grateful for Catharine's help.

I was able to keep Medicaid. I had open heart surgery and really needed the help!



Home Modifications

Client Spotlight: Kevin

Kevin is a 59-year-old man from Erie with multiple significant health issues. When his bathroom fell into such disrepair that he could no longer bathe, he knew it was time to try get his waiver insurance to approve a bathroom modification. He contacted PHLP for help after his Community HealthChoices (CHC) insurance plan denied his request for bathroom modifications, claiming that because his bathroom was in such disrepair, he would need to have it repaired before it could be modified, and such repairs are the homeowner's responsibility.

Kevin has been in the waiver program for many years and had a previous bathroom modification paid for through the waiver in 2011. Unfortunately, the previous bathroom modification – a walk-in tub – was not installed correctly and had problems from the start, with various leaks leading to the state of the bathroom deteriorating overtime, despite numerous attempts to get the issues fixed. Although it is correct that home repairs are generally the responsibility of the participant, the CHC program defines home modifications to include repair and maintenance.

PHLP worked with Kevin and the company that completed the project proposal for the prior bathroom modification to gather information to

demonstrate that the previous bathroom modification was paid for by the waiver program, that it was flawed from the beginning, and that Kevin had attempted to work with the company to fix the issues. We were able to provide proof that the Office of Long-Term Living had approved the prior bathroom modification, which is a prerequisite for getting repairs completed under the waiver. The company Kevin worked with to submit proposals for both bathroom modifications provided a letter indicating that the tub was not installed correctly, resulting in water damage. Kevin testified at his grievance hearing about the 2011 bathroom modification, the problems that surfaced right away, and the efforts made to repair the faulty bathroom modification over the years. He also explained that his health had worsened and that he was only able to sponge-bathe as the walk-in tub had become unusable.

PHLP argued that repairs and maintenance of home modifications are included in the home modification benefit in the CHC program. Given that Kevin's bathroom was in its current state of disrepair due to a faulty home modification year ago, PHLP argued that the waiver should cover both the needed repairs and the new medically necessary bathroom modification. Thankfully, the CHC health plan agreed with our arguments and overturned the denial. Early in October, the bathroom modification was finally completed, and Kevin is once again able to shower and bathe in his own home safely.

Support Our Work!

Your donation helps support people just like Kevin, who rely on PHLP's legal support to fight for the supports they need to live full lives.

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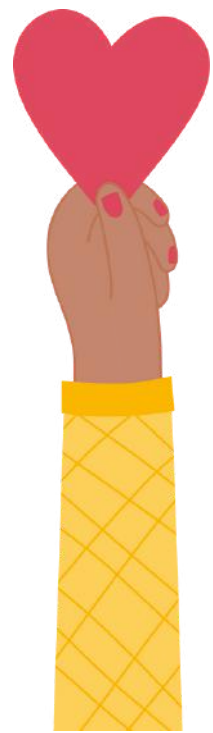




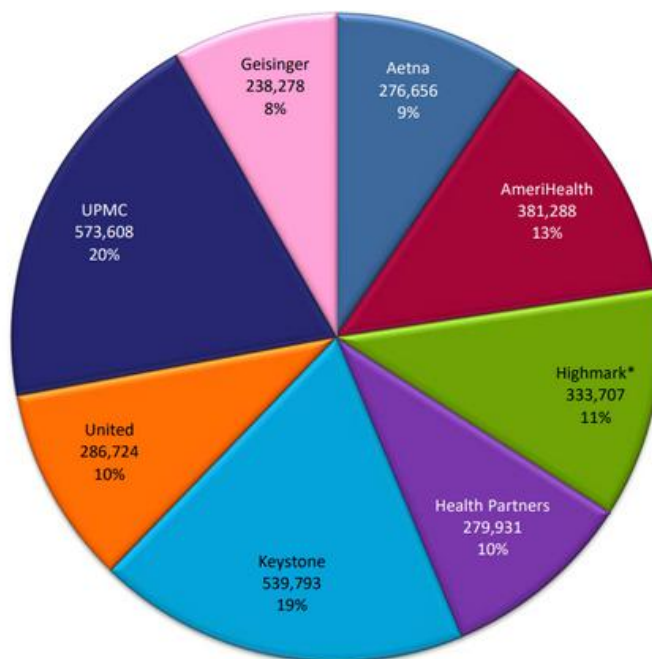
PHOTO COURTESY OF ANDREW HOWARD | PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION (PATF)

Our Policy Work

HealthChoices Procurement

Nearly 500,000 Medicaid consumers had to either choose a new managed care plan or be auto-assigned into one as part of changes to the physical health HealthChoices program that took effect on September 1st. For the first time in state’s history of Medicaid managed care, Pennsylvania’s Department of Human Services (DHS) successfully implemented a re-procurement across all five HealthChoices (PH) zones. Apart from the 500,000 consumers who had to change plans, another 2.4 million consumers had new plans available to choose from beginning September 1st.

This quarter, PHLP continued its involvement in bi-weekly meetings with DHS leadership and staff to provide consumer feedback on the procurement process. PHLP and consumer advocates participating in the communications workgroup



Total HealthChoices Enrollment, August 2022: 2.9 Million

Source: PA Department of Human Services Enterprise Data Warehouse – Updated 4/08/22

successfully pushed for edits to the consumer notices to make them more low-literacy appropriate and to highlight continuity protections. We also successfully advocated for DHS to do additional telephonic outreach to groups of vulnerable consumers at higher risk of care disruption, such as families with children receiving in-home shift care services.

PHLP also organized and hosted two information sessions in August focused on the impending plan changes. Both virtual panels featured experts from DHS, PA Enrollment Services, PHLP, and the PA Health Access Network and covered why the changes were occurring, how impacted consumers and provider offices could prepare, and the continuity protections in place that were designed to help avoid disruptions in care. Nearly 1,000 consumers, advocates, and other stakeholders attended these two virtual sessions.

Preparing for the End of the Shift Care "Freeze"

Since April 2020, Medicaid Managed Care Organizations (MCOs, or health insurance plans) have not been able to reduce in-home shift care services for children under the age of 21. These services include in-home supports like skilled nursing and home health aide, which allow children with complex medical conditions to live and thrive in the community. Previously, the MCOs re-reviewed these services for medical necessity every 6-12 months and families often had their child's services reduced or stopped.

The "freeze" on these services, enacted when schools closed and many parents began working remotely at the start of the pandemic, has allowed children to retain their shift care services during the pandemic without fear of reduction.

With schools and workplaces largely reopened, in July the Department of Human Services (DHS) announced in a bulletin that



the shift care freeze will lift on November 1, 2022. MCOs will once again be allowed to require prior authorization (i.e. perform medical necessity reviews) for shift care services. Once again, the over 6,000 children in Pennsylvania who rely on shift care services will have those services placed in jeopardy. To help as many children as possible keep their services after the freeze lifts, PHLP has advocated with state officials for policies that will allow a smooth transition in the weeks and months following the November lift.

PHLP pushed for, and the state agreed to, requiring MCOs to stagger the prior authorization reviews they perform once the freeze lifts. A staggered approach in the months following November will avoid a bottleneck of reviews and reductions requiring appeals, thereby avoiding unnecessary stress on families, health care providers, MCO staff, and the state's appeal system.

PHLP also advocated for, and the state agreed to, requiring the MCOs to call each family ahead of time if either 1) the prior authorization documents was not yet submitted and its due date was approaching, or 2) the MCO planned to reduce or stop services based on their review of the prior authorization documents received. This phone call is to be made before the MCO sends written notice of their decision to the family and the provider. Families and providers now get an extra level of communication from the MCOs about potential service loss and will have enough advance warning to prepare and try to avoid the loss of services.

We also persuaded OMAP to share data on the number of pediatric skilled nursing authorizations expiring in each MCO in the 90 days following November



1. This data shows that over 6,000 children are receiving shift care services currently, and around 3,000 will be due for reauthorization from November to January. Knowing what to expect in the coming months will allow us to better prepare for the sudden uptick in calls we may receive on the Helpline once the MCOs start reviewing prior authorization documents and reducing or stopping services.

To help families prepare for the end of shift care freeze, PHLP has released a self-help guide on the end of the freeze, as well as a handful of newsletter articles about what families can expect. To build family and provider awareness, we have also offered trainings for families, healthcare providers, and home health agency staff to explain what families can do to prepare leading up to the lifting of the freeze, and what they can do if services are reduced or stopped after November.



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Avoiding Loss of Health Insurance as the Public Health Emergency (PHE) "Unwinds"

With the end of the federally declared COVID public health emergency (PHE) possibly in sight, PHLP continued to advocate with the Department of Human Services (DHS) regarding its plan to unwind Medicaid coverage for those who have been able to keep their Medicaid during the PHE despite being ineligible or not successfully renewing coverage.



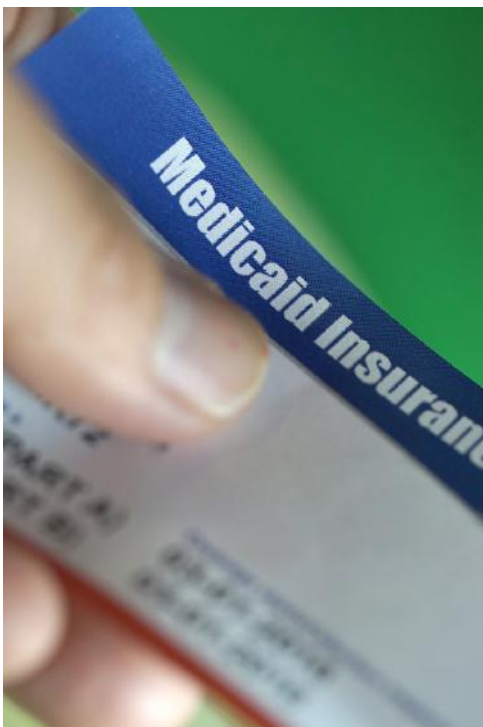
The Centers for Medicare and Medicaid Services (CMS) is allowing states to take up to 12 months to review the eligibility of those who retained Medicaid due to the PHE. Most states have chosen to take the full 12 months, which means Medicaid renewals can be conducted when they would normally be due. Pennsylvania is one of a handful of states that has chosen to conduct these renewals in just six months, meaning caseload volume, and therefore casework, will increase substantially at the DHS County Assistance Offices handling renewals.

The increased volume will also put pressure on other systems that work with Medicaid enrollees, including the managed care plans that assist with renewals, and legal aid organizations that represent people who are terminated from Medicaid. PHLP estimates that monthly DHS Medicaid caseloads will increase by approximately 30% or 86,000 individuals. We are extremely worried that the volume of cases will increase the rate of erroneous Medicaid terminations and terminations of people who are substantively eligible for Medicaid but encounter procedural barriers to renewal (e.g., being unable to renew timely, misplaced paperwork, etc.). Based on past data on rates of people in Pennsylvania

terminated from Medicaid and then reenrolling within six months (called “administrative churn”), we are concerned that upwards of a million people who are still eligible for Medicaid could be terminated because of procedural issues.

While we continue to urge Pennsylvania to take the full 12 months to unwind Medicaid continuous coverage when the PHE ends, PHLP has also advocated for policies to reduce pressure on the systems that support Medicaid recipients during the 6-month unwinding period thereby lessening the very high risk that a large proportion of people on Medicaid will be terminated despite being substantively eligible.

Among these efforts, PHLP put forth recommendations for Medicaid caseload distribution during the unwinding. The recommendations sought to spread out cases, especially more complicated ones, evenly during the six-month unwinding period, align renewals with other programs, and account for the workload of other entities likely to be contacted by Medicaid recipients who lose eligibility such as PA MEDI, which helps people on Medicare, and Pennie, Pennsylvania’s health insurance marketplace



DHS accepted a number of our recommendations including, generally evenly distributing cases across the six-month unwinding, aligning renewals in Medicaid/SNAP combination cases, distributing Emergency Medical Assistance cases evenly across months, and distributing CHC Waiver cases evenly across months and by managed care plan. This last recommendation is aimed at ensuring CHC service coordinators, who are required to assist waiver participants with renewals, can manage the increased volume of Medicaid renewal with which they will have to assist during the six-month unwinding.

1. This data shows that over 6,000 children are receiving shift care services currently, and around 3,000 will be due for reauthorization from November to January. Knowing what to expect in the coming months will allow us to better prepare for the sudden uptick in calls we may receive on the Helpline once the MCOs start reviewing prior authorization documents and reducing or stopping services.

We also continue to push DHS to improve processes to update Medicaid recipients addresses using sources such as the National Change of Address database, and to reopen cases or extend renewal deadlines based on later received address change information. Additionally, we continue to provide feedback on DHS' public facing materials regarding the end of the PHE and are urging the state to release its unwinding plan publicly, as 28 other states have already done.

Addressing Medicare Savings Program Problems

Over the last year, PHLP led advocacy efforts to address problems with the Medicare Savings Programs, called "Buy-In" in Pennsylvania. Joined by colleagues from Community Legal Services (CLS), we met with Pennsylvania Department of Human Services (DHS) officials to discuss various challenges our clients face enrolling in the Buy-In program.

The Buy-In program helps people on Medicare by paying the cost of Medicare premiums. For the lowest income beneficiaries, it also pays Medicare deductibles and cost-sharing. When the Buy-In program pays Medicare premiums, people who qualify have more money available each month to use to help them pay for basic living expenses.

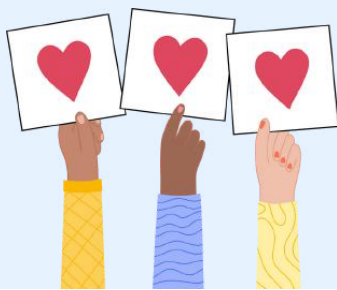


One problem that was identified involved people on SSI who had turned 65 only getting Medicare Part B but not Medicare Part A. These individuals are not eligible for premium-free Medicare Part A, but they are eligible for the Buy-In program to pay the Part A premium. Getting the Part A buy-in then gets them enrolled in Medicare Part A. The Part A buy-in process has not been working as smoothly as it should. Moreover, people who contacted the County Assistance Offices to ask for the benefit were often erroneously told to go to the Social Security Administration to get the problem addressed.

DHS has been working to address the problems identified by PHLP and CLS advocates. Earlier this year, it issued policy clarifications about Medicare Part A Buy-In requirements and retroactive Buy-In eligibility. Recently, it conducted a data sweep to identify people eligible for, but not enrolled in, the Part A Buy-In. Hopefully, this will result in enrollment of all people who are eligible for Part A Buy-In.

Even though the people impacted by not having Medicare Part A are fully covered by Medicaid should they need to be hospitalized or require another service typically covered by Medicare Part A, having complete Medicare coverage gives people the same Medicare plan choices that all Medicare beneficiaries have. It also ensures that Pennsylvania's Medicaid program is the payer of last resort for hospital care and other services covered by Medicare Part A. PHLP will continue this advocacy and push for additional changes to help people get enrolled into this important but underutilized program.

Support Our Work!





Accessing Services

Client Spotlight: Emma

Emma is a 6-year-old girl with complex medical needs stemming from her diagnosis of Type 3 Pfeiffer Syndrome, Cranial Facial Syndrome, and Epilepsy. Emma has relied on in-home skilled nursing services since she was a baby, but not without a fight. PHLP has represented Emma through the prior authorization process when her family requested additional nursing hours, including additional hours for when she is sick, an increase in essential household duty hours, and most recently after her Medicaid managed care organization (MCO) tried to deny additional hours after her mother had a new baby via c-section and needed additional support to keep Emma safe and healthy during her recovery.

Emma's home health agency requested an increased authorization to ensure Emma had the appropriate number of nursing services while her mother recovered from her c-section, her dad worked, and both parents cared for the newborn baby as well as Emma's 4-year-old brother. There were also the family's essential household duties which needed completing and therefore Emma truly needed additional in-home supports. Emma's family and her health care team was shocked when not only did her MCO deny the requested increase, but they reduced her existing nursing hours! PHLP advised the family to file a grievance, which is the first step in the appeal process, but we also advocated one step further by reaching out to the

MCO's legal team to contend that the reduction of hours was a violation of the freeze on shift care services that has been in place since the start of the pandemic. The MCO agreed with our position and we were able to get Emma's nursing hours reinstated without the need for a grievance.

By collaborating with Emma's family, her MCO, and home health agency,

PHLP was able to ensure Emma continued to receive the appropriate level of services to meet her needs and keep her safe while her family adjusted to becoming a family of five.

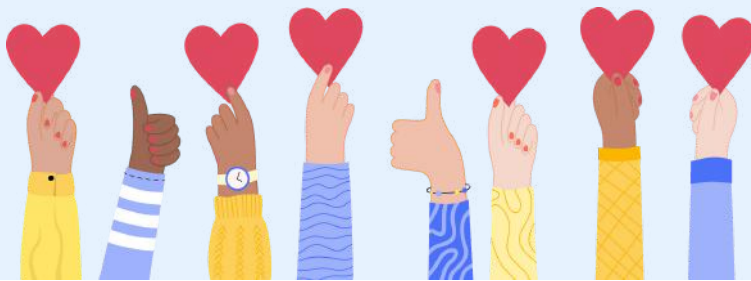
Looking ahead, we will represent Emma in her grievance regarding the denied increase request, which we will pursue on an expedited basis given the emergent nature of the family's situation.

By collaborating with Emma's family, her MCO, and home health agency, PHLP was able to ensure Emma continued to receive the appropriate level of services to meet her needs.

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Your donation helps us support children just like Emma, who rely on PHLP's free legal services to protect their health care rights.

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DONOR SPOTLIGHT: DAN FICHTER

WHY DO YOU GIVE TO PHLP?

"Mike Schiller dedicated his too-short working life to eliminating insurance-related barriers to medical care. Right until his passing in 2019, he served as an insurance specialist social worker at the Children's Hospital of Philadelphia (CHOP), where he had gone for treatment of his own childhood cancer at age six. Mike wanted all kids undergoing treatment to have the same high-quality care he had as a child, and he devoted his ingenuity, persuasiveness, and heart to fighting for that access for them.

Expertly navigating children around what he called 'crippling barriers to care', Mike did groundbreaking work in CHOP's hematology division and generously lent his expertise to colleagues around the state and the country. Presenting his work at conferences from the beginning of the Affordable Care Act (ACA) era, Mike saw and illuminated the ACA as a consumer protection law, and his writing and advocacy touched many families beyond those he guided directly.

At the end of a life incredibly well lived, Mike wanted to see his friends support PHLP's efforts after he passed on behalf of the same kids he spent his life supporting. We are grateful to see PHLP's work go on in Mike's memory."



Impact Report

July - September 2022

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