

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 21, 2018	November 21, 2018	03-18-20

SUBJECT
Changes to Managed Care Coverage of Nursing Facility Services

BY	BY
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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:

http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994

PURPOSE:

The purpose of this bulletin is to remind providers of the changes to the requirements for Medical Assistance (MA) nursing facility services covered by HealthChoices Physical Health Managed Care Organizations (PH-MCOs) in HealthChoices zones where Community HealthChoices (CHC) has been implemented.

SCOPE:

This bulletin applies to all nursing facility providers enrolled in the MA Program who render services to beneficiaries enrolled in the managed care delivery system to include HealthChoices and CHC.

BACKGROUND/DISCUSSION:

On January 1, 2018, the CHC Managed Long-Term Services and Supports program became operational in the Southwest HealthChoices zone. Implementation in the Southeast HealthChoices zone is scheduled for January 1, 2019. Statewide implementation will occur on January 1, 2020, with implementation in the Northwest, Northeast, and Lehigh/Capital zones as identified on the following timeline:

http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_227013.pdf.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>
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Implementation of CHC resulted in a change to the historic coverage requirements for nursing facility services by the PH-MCOs. In the HealthChoices zones where CHC is implemented, MA beneficiaries in PH-MCOs who enter nursing facilities are no longer disenrolled from their PH-MCO after receiving thirty (30) days of continuous nursing facility services. Beneficiaries receiving nursing facility services in a CHC zone will remain open in their PH-MCO until they have been determined eligible for MA funded long-term services and supports, and enrollment in a CHC-MCO is indicated in the Eligibility Verification System (EVS). This period of extended PH-MCO coverage is referred to as the *CHC Eligibility Determination Period*.

The Office of Long-Term Living has conducted education initiatives in preparation of CHC implementation; however, DHS has identified a need for further clarification of the responsibility for coverage of nursing facility services. Some nursing facilities in the Southwest HealthChoices zone continue to contact the County Assistance Offices to request that PH-MCO coverage be end-dated at the 30-day period. In accordance with the PH-MCO agreements, the Department of Human Services (DHS) will not disenroll beneficiaries from their PH-MCO until CHC eligibility has been determined and a CHC-MCO enrollment is indicated in EVS.

PROCEDURE:

In the HealthChoices zones where CHC has been implemented, the PH-MCOs are responsible for nursing facility coverage through the first 30 days and any additional days up to and including the day a beneficiary is determined eligible for MA long-term services and supports. Enrollment in a CHC-MCO is effective the day after the eligibility determination and is indicated by a CHC-MCO start date in EVS. Providers are reminded to access EVS to ensure claims are submitted to the appropriate entity. If a beneficiary is determined ineligible for CHC, the beneficiary will remain in their PH-MCO and the PH-MCO will remain responsible for physical health services, excluding the nursing facility payment, for day 31 and ongoing.

Nursing facilities with questions relating to the PH-MCO payment and claim submission processes during the *CHC Eligibility Determination Period* should contact the appropriate PH-MCO as indicated on the MCO Directory located at:
http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/s_002108.pdf.

In the HealthChoices zones where CHC has not been implemented, the PH-MCOs' nursing facility coverage responsibilities continue to follow the 30-day continuous coverage policy. Beneficiaries that require medically necessary nursing facility services beyond the 30 days covered by their PH-MCO will be disenrolled to the MA Fee-for-Service (FFS) delivery system effective the 31st day. Payment for nursing facility services for beneficiaries disenrolled from HealthChoices to FFS will continue to follow the current practices until CHC is implemented in that HealthChoices zone.

Nursing facilities that encounter problems with a PH-MCO may contact the DHS Contract Manager, also indicated on the MCO Directory.

For additional information on HealthChoices and CHC, please see the informational pages at: <http://www.healthchoices.pa.gov/info/about/community>.