

Coordinated/Managed Care Decision Matrix

Consideration Category	Options	Addressed in Executive Order	Considerations
Populations	<ul style="list-style-type: none"> • Elderly population, physically disabled population • Duals, non-duals • If duals, all duals or only duals LTCSS eligible duals 	<ul style="list-style-type: none"> • Elderly and physically disabled are included • No distinction between duals and non-duals 	<ul style="list-style-type: none"> • The bulk of the current LTCSS consumers are dually eligible.
Service Area	<ul style="list-style-type: none"> • Statewide • Phased in statewide • Geographic pilots 	<ul style="list-style-type: none"> • Not specifically addressed 	<ul style="list-style-type: none"> • HealthChoices is statewide
Enrollment Option	<ul style="list-style-type: none"> • Mandatory enrollment • Mandatory enrollment with opt out • Voluntary enrollment 	<ul style="list-style-type: none"> • Not specifically addressed 	<ul style="list-style-type: none"> • HealthChoices is mandatory for certain populations.
Services Included in Model	<ul style="list-style-type: none"> • Long term care supports and services • Physical health • Behavioral health • Prescription drugs 	<ul style="list-style-type: none"> • LTCSS services specifically addressed • Addresses need for better coordinated system 	<ul style="list-style-type: none"> • LIFE program combines all benefits • HealthChoices enrollment <ul style="list-style-type: none"> ○ Non-duals receiving LTCSS are enrolled in physical (PHHC) and behavioral HealthChoices (BHHC). ○ Duals, NF residents (>30 days), LIFE enrollees are not enrolled in PHHC. ○ NF residents, LIFE enrollees, and Aging waiver enrollees are not enrolled in BHHC. • How to handle these – remove from HC and move to LTCSS managed care option? <ul style="list-style-type: none"> ○ Will PHHC support removing? ○ Will counties support changes to BHHC? • Medicare <ul style="list-style-type: none"> ○ Duals may be enrolled in Medicare Advantage plan or Medicare FFS for physical and behavioral

			<p>health services.</p> <ul style="list-style-type: none"> ○ Duals may receive prescription drugs through Medicare Advantage plan or through a Medicare Part D RX plan
Care Management/Care Coordination in Model	<ul style="list-style-type: none"> ● PH, BH, LTCSS are coordinated independently if at all ● PH and LTCSS are coordinated by one entity with interface to BH ● PH, BH, LTCSS are coordinated by one entity ● Could use either capitated managed care model or fee-for-service managed care model 	<ul style="list-style-type: none"> ● Not specifically addressed ● Addresses need for better coordinated system 	<ul style="list-style-type: none"> ● LIFE program currently coordinates all services ● While LTCSS services use AAAs or other service coordinators, generally there isn't coordination with PH and BH programs. ● Non-duals in PHHC and LTCSS enrollees in BH would have care coordination/care management available via HC plans.
Funding Included in Model	<ul style="list-style-type: none"> ● Medicaid <ul style="list-style-type: none"> ○ Physical Health ○ Behavioral Health ○ LTCSS ● Medicare <ul style="list-style-type: none"> ○ Part A – hospital services ○ Part B – physician services ○ Part C – Medicare Advantage ○ Part D – prescription drug plan ● State funding <ul style="list-style-type: none"> ○ Options ○ Act 150 	<ul style="list-style-type: none"> ● LTCSS Medicaid and state funding specifically addressed ● Addresses need to develop sustainable system 	<ul style="list-style-type: none"> ● LIFE program currently combines all funding ● Will PH health plans support changes to PHHC? ● Will counties support changes to BHHHC. ● If not integrated Medicaid/Medicare funding, PA doesn't gain the benefit for reductions in hospitalization ● Ability to negotiate an equitable funding arrangement with CMS. ● How would changes to state funded programs be received?