

# StreamBox

---

September 15, 2016

Community Health Choices

Third Thursday MLTSS Webinar.

\*\*\*\*\*DISCLAIMER\*\*\*\*\*

THE FOLLOWING IS AN UNEDITED ROUGH DRAFT TRANSLATION FROM THE CART CAPTIONER' S OUTPUT FILE. THIS TRANSCRIPT IS NOT VERBATIM AND HAS NOT BEEN PROOFREAD. TO DO SO IS AN EXTRA FEE. THIS FILE MAY CONTAIN ERRORS. PLEASE CHECK WITH THE SPEAKER(S) FOR ANY CLARIFICATION.

THIS TRANSCRIPT MAY NOT BE COPIED OR DISSEMINATED TO ANYONE UNLESS YOU OBTAIN WRITTEN PERMISSION FROM THE OFFICE OR SERVICE DEPARTMENT THAT IS PROVIDING CART CAPTIONING TO YOU; FINALLY, THIS TRANSCRIPT MAY NOT BE USED IN A COURT OF LAW.

\*\*\*\*\*DISCLAIMER\*\*\*\*\*

>> **CART Captioner:** Standing by.

>> The webinar will begin shortly. Please remain on the line. The webinar will begin shortly. Please remain on the line.

The webinar will begin shortly. Please remain on the line.

>> The broadcast is now starting. All attendees are in listen only mode.

>> Good afternoon, welcome to the third Thursday webinar. I'm the deputy secretary for the office of long-term living and I'm excited to be here today, and would like to too Randy Nolen who will be helping me. He's a division director in Office of Long-Term Living and he's very involved in a number of different activities for health choices and working at his other jobs. He works very closely with the staff that are responsible for the nursing facility payment system. So, I welcome everyone. And we're just going to get started with a little bit of housekeeping so that you can participate to the fullest in this webinar.

We do have realtime transcription if you want to click on that link. It'll go there. And the user name and passwords is OLL. I was trying to advance it. Here we go.

Housekeeping. I would like to go over a few items so you know how to participate in the event today. We've taken a screen shot of an example of the attendee interface. You should see something that looks like this on your own computer desk tops in the upper right hand corner to the left is the go to webinar viewer, the larger screen there, and that's where you will see our presentation. To the right is the go to webinar control panel and you ask questions and select audio mode. If the control panel is closed, and you just need the slim red rectangles, click on the red arrow to expand and that will open up.

The listening by computer speaker by default. If if you would prefer to join by telephone, select the teleand the dial in information will display. You will be placed in the listen only mode to hear the webinar presenters. You will have the opportunity to submit the text questions by typing your questions into the question pain of the control panel. You may send in your questions at any time during the presentations and we pretty much take these questions first come first serve. Note the attendee control panel will collapse automatically when not used by an attendee. If you need

to open, click the view menu and check autohide control panel. If you have to keep that open. Okay. This is a closer look at what I was just talking about. And it gives you the control panel and you can see all of these functions are available to you.

The text may be adjusted to suit your event needs. If you want to change that, you may do that as well.

well. Community Health Choices, this is the presentation part of it. So we'll get start with the agenda. We'll be going over the Managed Care Rule and the Community Health Choices development. And talking a little bit, generally about the manage the care rule and its implications to the Community Health Choices. We'll could a general Community Health Choices update. We'll do Community Health Choices readiness review update. We'll go over some information and then we'll move on to some questions.

In the questions, that's when you are typing in your questions and sending them into us, and we'll read them for you.

So the managed care rule, and Community Health Choices development, Kevin Hancock, on a number of these Thursday webinars and I recently attended the National Association for Aging and Disability conference in Washington, D.C. a few weeks ago. We were asked to discuss some the formative stages of health choices and how the manager care will impact the health choices. As a rule, they set foundation for a managed care, based on the guidance issued by CNM in 2013. In 2013, CMS issued guidance. We went there earlier in spring of 2013 as we were developing our initial discussion document and really took a look a at what CMS was recommended that our key elements of a solid, long-term -- managed long-term supports and management system.

So these are the 10 essential elements in Community Health Choices that we use from CMS's guidance. Again, that was simply guidance that CMS had out there. It's now been codified in their updated manager care regulations which were finalized, I believe in June they were finalized. I want to talk with you a little bit about the 10 essential elements and how they impact community health choices.

Plane of you have been involved in the webinars from the start, and some of this information may be a little bit of a review, but there are a lot of people on the call today, and this may be the first time that they've called in, so I want to go over all of the information. As for the first essential element listed in the guidance from CHC, and now codified. I have to say, when we were at the conference, our commitment to the first two components was something that number of people were looking at and highlighting. And congratulate lating us on. And so in regard to the central element No. one, the planning strategy, we have done a whole lot of planning and transition. We began planning in 2015. And it was just and actually the governor made his announcement about a month after the observation, in February 2016, he directed the Department of Human Services and the Department of Aging to develop a long-term system program. And the state of Pennsylvania began the

[indiscernible] we looked a the the research from across the country and in many other states.

These included other states that had implemented MLTSS programs and we looked at other European models of healthcare delivery and we certainly looked at the guidance issued by CMS. So Pennsylvania has really built on all 10 features of this guidance to really [indiscernible] a solid program. Community Health Choices, our Pennsylvania programs, will serve the long-term services and support community but also be a benefit for physical healthcare for dually eligible adults, adults eligible for both Medicare and Medicaid.

We hope that Community Health Choices will be program that best meets the needs of all of our participants but certainly we recognize how important our providers are and just in general the stakeholders in the commonwealth. Just a second. I'm just going to go through this process here. Moving on to the second element, these Community Health Choices webinars are certainly evidence of our stakeholder engagement, it's something we do on a monthly basis and we have been doing it since July 2015. Stakeholders engagement has been a key note for Community Health Choices. It's been -- it's somewhat overwhelming at times because there's so many things that we're working on but we did do public-listening sessions after we issued the discussion document, and we used -- and we also opened the discussion document which was public, in last June, 2015, was open for public comment for 45 days. We received a lot of comments and made changes off of it.

All of the iterations of what finally ended up being the actual procurement document, which were the draft agreement and the draft, the RSP, many changes were made to those based on all of the public comments that we heard. We really -- the different iterations of our documents really showed evolution in our thinking, and we believe that we have made improvements to the final document.

So in addition to the Third Thursday Webinars we have the managed long-term services subcommittee, the advisory committee, or and the MAC, federally mandated advisory committee that's required by CMS and the federal government. We have monthly meeting of the subcommittee. There are a number of other subcommittees but this is focused on managed long-term support and Community Health Choices.

We did meet and greets. We heard that our best practice from our states which is very helpful. The meet in greets held in November and January. They involved the meet and greets involved managed care organizations interested in learning more about Community Health Choices and a different, a variety of different providers. We just held meet and greets at each of the different providers separately so they were an audience to the managed care orangeses.

Of note, the home [indiscernible] provider, service coordination, entity, area agencies on aging, nursing facilities and participants and consumers of services, county human services providers. Behavioral health NCOs came and talked with our managed care organizations interest in [indiscernible] Community Health Choices. [indiscernible] and those are a different type, an example of all of the different provider types that we brought in to meet the manager care organizations.

These meet and greets were two full days in November. Two full days in January. And it's kind of like speed dating. . We would do presentations of manager care organizations. We did presentations, facilitated presentations where they would talk about things that might be on the mind of the provider type, [indiscernible], nursing facility gave a presentation on the state of nursing facilities in Pennsylvania. And that lasted about an hour and a half. For the rest of the session, the managed care organizations each had a table. And the providers went around and met them. So thats with really helpful. And [indiscernible] it has led to other similar meet and greets with different iterations of provider types. So we're excited about that.

And we have a great public/private partnership with the health funders of Pennsylvania. The association, or the collaboratives that represent community organizations and charities that provide funding to health organizations. They really helped us as we engaged with local, on the local level, starting in the Allegheny county and all of the surrounding counties and moving on to Philadelphia and the four surrounding counties. Those are the first few [indiscernible] of Community Health Choices. That's really been helpful. They've been doing a lot of work and

meeting people. They've done some training with people. And really helping people understand what to expect as we roll out Community Health Choices.

We also then did a provision in community based services. Home and community based services. That's part and essential in Community Health Choices. We also looked at and talked about in our draft agreement how payment structures would align with MLTSS programmatic goal, that's the future, coming out of the planning rate but a futures a prigs once CHC 1-S is up and running, we're going to take a look at value based payment arrangements to drive towards quality outcomes. Once Community Health Choices is up and running.

Support for beneficiaries. Home choice support available. You have the opportunity if the individual is not able to figure out what their MCO choice, for example, they would be able to request a an in-home visit [indiscernible] broker. There will be heavy involvement with the [indiscernible] broker. Person centered planning and person centered services are central to the program. We're looking at comprehensive and integrated service packages. Everything is within the context of Community Health Choices within the exception of behavioral health. We did end up carving out behavioral health. It was in one of the original discussion documents but we got a bit of feedback on the network of the behavioral health MCO and their network, and it was recommended to us pretty heavily that we carve out behavioral health, and we did that. However, we're doing a lot of work to coordinate with behavioral health.

We also recognize that we made sure that all of the Community Health Choices, MCO, proposal, recognizing that those organizations also often a D-SNPS, a special needs plans and that was a requirement. So we view that as an opportunity to coordinate with Medicare, for instance, a payer that is Medicare, a payior that is Medicaid, that there be coordination amongst those. And we require the MCO to coordinate with the pay service.

Qualified providers. One thing that we'll be doing is having a continuity of care period where providers will [indiscernible] after six months as we makes a transition to Community Health Choices, and we'll be doing a lot of work with the participant, and the provider support. And we'll have participant protections. We have our insurances, which are required in the 19C waiver program and the quality program evaluation and reporting requirements. Those are the 10 essential elements and we really did a lot to -- we really did a lot to make sure that we build all of those things into what is the draft agreement that went with our IP.

I want to give a general CHC update. Some of the phases that we're looking at for Community Health Choices. The first one being program design. And this is where we started about 15 months ago or so. About 15 months ago. Really looking at the design. I mentioned this is where we really framed up the program requirements and the coordination. I mentioned we did have discussion, issued a discussion document that was the beginning of really getting feedback on with the what the program designs looked like. Then we went through all of the processes that I mentioned, listening sessions and all of the other ways that we're receiving feedback, including the Third Thursday webinars.

From the program design phase, we moved into the actual CHC pro-currentment and plan. We developed the draft, and agreement. And did the unprecedented act for public comments and put those up in draft and asked for public comment.

The form RFP was actually released on March 1. We do again want to say, I can't underscore this enough, we believe it was a stronger document because of the multitude of feedback that we received. But we're still? The phase of procurement and plan selection. A little green arrow you should see on here.

That's where we are with program and plan selection. Again, in this process, we're, we obviously were -- we've done a lot of work in the RFP proposals and we're moving on to the third phase. On August 30, about two years ago, we did announce the selected offerors. This is done through an announcement Ben secretary Downs, and secretary Oz burn, with the department of age. They had a press release moving forward with the negotiation, with these three care organizations. The cover of the Community Health Choices, to cover Community Health Choices statewide. AmeriHealth Caritas, in Pennsylvania, Pennsylvania health and wellness, known nationally as Centene. And UPMC for You, which is headquartered in Pittsburgh.

I just want to again mention the services in Community Health Choices will include that standard adult benefits package for physical health coverage and for eligible adults that are [indiscernible] disability, eligible, and the [indiscernible] criteria, and launching services and supports will be covered by the MCO. Of the total population, just to add one other bit of information. We have about 420,000 people that are going to be covered through this, and that fluctuated every day. Over 250,000 are over the age of 16.

I wanted to add, this is a screen shot of a page that we recently added to Community Health Choices, the the home page, I try to do to keep people up-to-date in the webinars. This is a screen shot -- and you can navigate go to by going to the Community Health Choices home page, related topics, there's a for providers link. It takes you over to the fore providers link.

This page does contain useful information for providers, including links to each of the selector offeror provider information pages. So you can go directly to any of these selected offeror and takes a look at their prior information [indiscernible]. So now moving into the rollout phases as we are moving toward of the future rollout phases, if you will.

Moving into the [indiscernible] I'm not going to talk a lot about it, and is here to give us more detail. I will do some high level overview of it, but as we move into the readiness review, and implementation, and maintaining a number of priorities. Readiness review, implementation, and city state operation and normalization is the future plans.

Implementation refers to when we actually implement on July of 20 -- July 1, 2017. We're going to be doing a lot of work overseeing the activities in terms of how participants transition, what kind of how the continuity of care period is working and the plan selections that you make, and really taking a look at that.

Then steady state operation normalization refers to the future after we successfully implemented and a year from then we'll sort of just be monitoring the contract with oversight. This graph, chart, shows the priorities through implementation. So on a readiness review, we'll be looking at network adequacy. These are probably the big three areas. Members teenagers service, and certainly information of systems and if it they are functions optimally. And we'll also be keeping on track with paying attention to our stakeholder communications. And those stakeholder communications we've identified through [indiscernible] participants and caregivers, targeted communications for providers and certainly for the general public and other stakeholders.

We're looking very closely at our own preparedness. It's important. A lot of general information. Doing training and I mentioned earlier, [indiscernible] health and substance abuse services, we go a lot of work on coordination between the offices. So in addition to the office of mental health and substance abuse because, the coordination to make sure that we coordinate between the Community Health Choices and behavioral health choices. We're working very closely with the office [indiscernible] systems program managing health choices. About a 20-year existing managed care for physical health. And they have a wealth of information, and a lot of

background in operating in manager care environment. So we're doing whatever we can do learn from them.

I wanted to mention the office of maintenance [think she said]. They oversee those responsible for financial eligible for Medicaid, including Medicaid for long-term care.

We're working very closely with OIM to make sure that the income maintenance case workers, they're a front line with the consumers, they're trained well and will be able to Feek at a high level about Community Health Choices -- speak at a high level, and follow in the direction.

We're doing a ton the coordination with the DHS prep office and that work is really involving the stakeholder communication to make sure we're ensuring that the messaging is clear and is targeted and will make sense to people.

So with that, I'm going to turn over the slides to Randy Nolen who is going to give us an update on readiness review.

>> **Randy:** Good afternoon, everyone. I'm Randy Nolen. I am overseeing the readiness review process as we move forward with Community Health Choices. I just wanted to give a short overview and answer any questions that you may have.

Readiness review, basically, we're measuring the MCO readiness to start providing services to our participants as Community Health Choices goes live on July 1, 2017. And then following the process through, through the second phase, January 2018 and then the third phase, January 2019. We'll be doing reviews throughout the whole process. What we do in readiness review is we set up criteria and benchmarks that we expect the MCO to meet. Readiness review will be done in two ways, both desk reviews, where the MCO submit their policy and procedures and templates and letters and everything related to their services through us for review. And then we will also be doing onsite reviews and test systems meet with staff, [indiscernible] staff, and take a look at a number of functions to make sure that they're working in the real world. So that it's kind of a two-part review that we'll be looking at.

For readiness review, we'll assign staff as teams for each of the three MCOs. There will be teams probably of three people from the department. And then each team will have a number of subject matter experts from other departments. People from pharmacy, bureau program integrity, IT, just every type of thing that we need to look at to make sure that the MCOs are ready to go.

Readiness review will review all LTSS components on working conjunction, and reviewing physical health staff stuff, and the choices we lookinged a. And submitting to us and we work bathroom to make sure that we have the -- we work back and forth to make sure that we have the appropriate policies and procedures.

It'll be tied to what is in the agreement. We found out a couple times for public comment, and public comment drove a lot of changes in the agreement. Readiness review mirrors the agreement. So as we go through designing the tool, it's coming straight from the agreement. So the stuff that's in the agreement will be what's in the tool desk. Stuff we're measuring the MCOs on. We might be telling them that there's additional things we require, if there are other things we want to look at or other issues that come up, we can certainly look into what we need to to ensure that they're ready.

This chart is probably [indiscernible] hard to see because of the dark background. A little bit about what we review, and what parts the office will be responsible for. Number of materials, number of services, staffing and training, providing materials. Provider services. Quality management, covered services. IT and their systems. Administrative issues related to contract and subcontracts and then some other administrative issues related to financial reporting, record retention, and operating policy and things like that, and the value based purchasing.

And on the other side what we list is the office or the divisions that will be responsible for it within the MCO or the department itself. This gives you an overview of the things we look at. Things like member services, looking at handbooks, call centers, ensuring that the handbooks are Millennialable, done in the appropriate -- that they're legible, and done in the appropriate format and language and meets the criteria for MA in regards to written documentation, and it's usable and user-friendly. We're looking at a number of things. When we look at each of these areas, for readiness review.

So basically what we want, the MCOs must demonstrate to us, to the department, that they have compliance with specified policies and procedures as outlined in the Community Health Choices agreement and through CMS recommendations, which [indiscernible] our agreement, and thus looking at the final rule. We're looking to make sure they demonstrate the ability to handle everything we learned regarding administrative functions, enrollment related functions, member services, service provision, network adequacy, continuity of care, grievance, appeal, and fair hearing processes, critical incident monitoring and report, quality assurances, systems and IT, program integrity, and encounter data and financial functions.

So they have to demonstrate to us through all of the information they submit to us and then with our on site reviews that they can meet all of these criteria that we have set forth in the agreement and that they are capable of doing this and moving forward as we bring up CHC in the three phases.

They also must demonstrate that coordination with other entities. Behavioral health MCOs are very important with the services they provide. The independent enrollment broker, to assist individuals with planned sections and the roles and coordinate with the financial management services entities out there. So there's a number of ways that they need to coordinate with our entities to ensure that they provide the services.

So once, as we walk through readiness review, part of what readiness review will lead into other things. The next phase will lead teams for contract monitoring. Teams that will oversee each of the MCOs, weekly or daily phone calls depending on the situation. We'll have a lot of interaction with the MCOs to ensure all services are provided appropriately, handle any issues, any contract issues, payment related issues, providers, we'll work very closely with them. So the monitoring teams will know what we found in the readiness review, and the plan submitted to us, and said what they were going to do, and monitoring based on that.

Any issues identified will be addressed, resolved, prior to going live. If we find, [indiscernible] that the providers network is not adequate, we will work very closely with the MCO to ensure that they can provide an adequate network so all systems have a choice. If they can't do that within a certain time period, it may lead to potential delays on their start date of when they can go active in providing services.

And as Jen said in one of the earlier slides, we developed a number of areas or themes for areas that need to be completed by a certain date to ensure that we think the MCO is ready to provide services. One he have them is provider network and advocacy to ensure there's choice out there for individuals. When I say this, I don't just mean the MCOs gets some verbal, hey, we'll work with you. I mean, we're looking for signed and processed contracts with these providers to make sure that they're in the network. One of the other areas that's very important is the IP system. Individuals and their care plans are loaded into the care plan, adequate information, and that the providers are not [indiscernible] through the system and their IT systems are capable of processing invoices and paying those invoices in a timely manner.

So that's a big piece that we'll look at. We will work with the bureau of data as they claim management, and they will provide subject matter experts to do that, on site testing, and there's a lot wrapped around the systems piece of it.

And the other thing we have is looking at number and provider services. We need to make sure that the MCOs are taking care of our participants and also taking care of our providers. We will handle any issues that resolve around participant related issues or provider-related issues in an effort to resolve them. Our goal is to make sure that our participants receive all the service they require and need and also that all the providers are happy within the system, which means that they're paid in a timely manner, getting information they need. Because we can't afford losing provider once we get them enrolled into the [indiscernible] of the system. That's a big thing that we do with readiness review but it denies on going through the monitor -- it continues on through the monitoring phase of the MCO.

The next thing, early implementation evaluation and external quality review. During the process, we look at what happens in the first few months leading up to the MCOs beginning and then after them guesting services and we'll take a look at what is going on with the quality, we'll evaluate how the services are involved and if we make changes here, there, and if we can make the product better. We do an evaluation of the early start-up phases. And the evaluation, the quality evaluation, will be a continuous evaluation, some that have work done through quality review, and we're mandated to have an external quality resee work with the programs to provide [indiscernible] provide input data, encounter data, things like that, to review the quality of the organization.

So we're starting out with am solve the earlier phases that Jen talked about, identifying our needs, procurement, and now up to readiness review. That's the role we make sure that the MCO are ready to go and provide appropriate services and then we'll move back towards monitoring and continuous monitoring through the early evaluation phase and ongoing evaluation phase. It's kind of a process that we'll work through. We will always continuously monitor provider networks and inadequacy, and members services, provider services, and even once we are done and satisfied with readiness review, that they're capable of doing this. Those will be ongoing reviews of the organizations. It's not a one and done thing. It's over the lift life of the program that we'll be monitoring things.

In slide shows you the south west timeline. Plans identified in August. We're looking to start readiness review in October. Early implementation that I talked about starts after that to monitor and manage what's going on. Monitor outstanding items throughout the spring to make sure they're ready to go by July one. Targeted or no go date of March 31. Looking at provider work adequacy, IT systems, member services. We're looking to be satisfied that the MCOs will be ready to go and provide services beginning July 1. So if we get to the end of March and the provider network is only 10% built, obviously we're going to have an issue and we're going to have to take a look at that and make some decisions on what we're doing. Same way with the IT system. The expectation is that most of the IT system will be built and functional by that time so that they're ready to go and hit the ground running on July 1.

That's our go, no go date.

And the monitoring teams, [indiscernible] on the readiness review. Activating a SWAT team. Basically a high level team here at the department that will handle immediate or critical issues that arrive in regards to the plan itself, or the program. Our implementation date is July 1. And we'll continue to review things after July 1.

What we'll do is, one of the things since we have three statewide plans is in the initial phase of readiness review, the concentration is in the south west, 14 counties out there. But a number of things submitted by the MCO that's statewide. Certain policies and procedures that we'll utilize statewide. We'll have some of that stuff reviewed and ready to go as we look at readiness review for the southeast, and the [indiscernible] area. Obviously, there are certain things like the provider network, members' handbooks, services, and those types of things might be different, will be different across the region, and [indiscernible] with a different region, so we'll look at that stuff again as we start reviewing things for the southeast, and for [indiscernible].

But the hope is that will maybe 30% of the stuff will be good. If they put a system in place, IT system, billing system in place by the southwest, it it should be [indiscernible] the southeast, and [indiscernible] and we should be able to verify and be all right with it. The stuff that's unique with each region we'll look at again. The big thing is the provider network, and the provider services piece that we'll be looking at. Even as we look into the monitoring phase for southwest, we'll be starting readiness review phase in the southeast. As we move through that, the monitoring phase in the southeast, we'll be starting the readiness review phase in the [indiscernible]. And that's a continuous process going through there.

This is a southwest time line. This is the southeast time line. Most of it saying just moved a year back. -- most of the same just a year back. Le high time line, not part of the presentation, but it's the same sentence but just another year behind the southeast on line.

That wraps up readiness review. Had is a, like I said, this is a long process to move it through. Mostly care organizations have gone through some type of readiness review, especially if they've been help [indiscernible] as providers, or ML providers throughout the country, and they've gone through the readiness review process, and they're familiar for some of the stuff we're looking for. Our plan is to have a meeting with the three MCOs that will be working with the program, some time in the county, we'll walk through the readiness review process, and readiness tool. Some time in October. We'll identify how to submit information and so we'll be meeting with them. One of the things, and I know this has been a question that's come up. The readiness tool is an agreement with what the product that what the department has done and what stakeholders have provided throughout the month, input, feedback, and the review of the agreement. So when we think about readiness review, you guys as stake hoeders helped shape the readiness tool right off the agreement. So the tool will be very consistent with what the agreement is. We are actually just pulling the language off the agreement and brings it into the tool. And what will the requirements are. So it should be a very good flow. When they submit stuff, we know it's right in the agreement. We know where to find it. The MCOs will know where to find it in the agreement. So the readiness review tool will flow very well with that.

>> **Jennifer:** Yes, thank you very much, Randy. I want to underscore that. For those folks more interested in the readiness review tool, if you wanted to learn what's in the tool, all you have to do is turn to the draft agreement that was published on March 1. And that draft agreement is the first website listed up there, you can get to the draft agreement by going on to website. All of those documents are posted there. What. Team has done is basically pulled the draft agreement and gone step-by-step by step to input it into a [indiscernible] this is basically a tool. Not rocket science but simply a listing of information. If you are really interested in the detail of what is going to happen in readiness review, that [indiscernible] agreement is the place to look. I wanted to point that out.

In addition to the Community Health Choices website that we have listed there, we have an MLTSS sub- MAAC web page link including all of the information on all of the different

meetings that we've held since September of 2015. It has a transcript as well any handouts provided or slides that were shown as at the meeting. Those are all archived on the MLTSS sub-MacWeb page.

You can register for a LISTSERV. It takes you to a large list of LISTSERVs but you can scroll down for Community Health Choices. Click on that. And then you can follow the instructions to register for it. .

You do register for it, you look at information that we send out on a regular basis about Community Health Choices. So I encourage you to go ahead and sign up for the [indiscernible] LISTSERV.

You can always e-mail us comments at our [indiscernible] account which is RA-MLTSS@PA.gov. We receive comments, and I encourage you to do this, getting us feedback on the Third Thursday Webinars as well as ideas for future webinars. We're always looking for those. Please feel free to e-mail those into us. And or in follow up to this, fill out the evaluations that we'll be sending out.

So, we're going to go to questions, but before that, I had a couple of announcements that I just wanted to make you aware of. The -- I wanted to start out by telling you that disability employment is really employment of people with disabilities is really important to the governor and to secretary Dallas and certainly his offices. And to underscore that, I -- there was a House Hearing earlier this week on employment of people with disabilities I was able to participate in. Our [indiscernible] secretary Dallas joined by secretary [Name?] and second terCortes from the Department of Education to provide testimony. And in addition to the secretary, there was an opportunity to listen to people with disabilities who are employed as well as some of the advocacy groups and networks of people that support people -- support people with disabilities gets employed. It was exciting for me. The secretary highlighted some of the work we're doing in the Office of

Long-Term Living, and that was a rewarding opportunity for me.

Disability employment is month is coming up. I wanted to just make a couple of announcements. First, the first one is the 2016 disability employment outreach day, which is Friday, October 21. Happening at the Pennsylvania [indiscernible] commission headquarters. 1601 Elmerton Avenue in Harrisburg. And it'll be provided twice at the same location. Employment [indiscernible] presentation at 9:00 a.m. and then again at 1:00 p.m. This is being sponsored by two important organizations in government. One is the State Civil Service Commission and the Governor'S Cabinet and the Office of the Administration. I urge you to get out the informs, it's happening on October 21. We encourage that job seekers of disabilities to attend easter presentation and learn about the civil service employment opportunity. We're very excited that our governor really wants to move our civil service [indiscernible], to be able to easy to navigate for people with disabilities and

you're certainly welcome to come to that.

If you have -- if you require accommodations to attend this meeting, contact the state service commission which is by October 7. [indiscernible] the service commission and contact them, there's a contacts information on the website.

The other announcement that I wanted for mention is that governor -- there was a press release today titled -- both administrations issued recommendations to help people with disabilities find employment. So I wanted -- following a March signature on an executive order that the governor signed which was an executive order establishing employment policy and increasing tentative integrated employment for Pennsylvanians with disabilities. He signed the executive order, and

one of the things was for the commonwealth to issue a plan for carrying out that executive order. The plan is now available on line. And it includes a number of recommendations, including the reviewing identifying and changing policy to align with the executive order of 201603. Raise the expectations of employment goal of children with a disability at an any age. We plan to work with parents and public -- and publicly funded programs and work towards this goal, including in schools.

This plan also talks about preparing young people with disabilities to [indiscernible] for working. Disability transitioning students from secondary stage education to adult life. And there's a number of other activities on that exciting press release that went out today. With that, I think I am going for open it up for questions. And I have received a number of questions here. So I will start with the first one. Again, we're taking these in the order of first come, first serve.

First question.

Will there be more reason specificked Medicaid or [indiscernible] announce.

Answer is no. Three selected manager care organizations or MCO selected to cover Pennsylvania statewide.

Second question: Were any changes made from CMS's managed care guide policy to the codified rule that Pennsylvania now needs to address in Community Health Choices, and if so, what are those changes?

>> We are still reviewing the extensive gap analysis from the agreement and the new managed care plan. We have been doing significance analysis of it. We're still working our way through it. We are certainly looking at the additional reporting requirements for managed care organizations and that's going to have an impact on Community Health Choices. And there is a number of different areas that this is going to impact, and we're still evaluating that. It's a very large regulatory document. Over 1,000 pages.

So it'll take us a little while to pour through the whole thing and figure out how it's going to effect Community Health Choices.

>> **Question:** Will the RFP -- AmeriHealth, Caritas, submitted to the public if so and how.

>> Once they're signed and finalized. They will, but until then, they are part of the discern alternative process.

>> How will providers determine which is selected?

>> We need to be able to look this up easily. We recommend contracting with all MCO, as man as you can. MCOs will be reaching out. I would definitely identify the manager care organization in which the participant enrolls [indiscernible] providers and MCO. As Randy mentioned earlier, it's really, really important for us to look at how these MCOs are going to be paying providers, how the providers will be billing. Those are all part of the ready to treat you process.

>> **Question:** During the 100 day continuity of care how do providers bill? As they always have or according to MCO guide line. They will need to bill the managed care organizations. They will not continue to bill as they always have.

have. Organizings here. More questions coming in.

>> **Question:** Why only three MCOs selected. The second one, does [indiscernible] have a substantial presence in the southeast and does Seine teen have offices up and running already? Seine teen. Starting with the first question. Why only three MCO selected. Based on the procurement process. A valuation of all of the proposals and these three managed care organizations were selected based on that procurement process. As far as the UPMC, the presence in the southeast, and Centene have their offices up and running already. All selected officers outlined plans and specific tasks necessary that in order to be under way to be ready for

the Community Health Choices statewide. Going back to what Randy just talked about, these things will be looked at very closely in the readiness review blows.

>> **Question:** It's clear that they will need a consumer advocate to resolve problems at every level of Community Health Choices, such as problems with the enrollment, the IEB, Community Health Choices, MCOs, and problems with MCOs providers, will the [indiscernible] provide an independent ombudsman a a resource for consumers as part of a -- support services [indiscernible]. Support system.

I will say that I'm not -- I do believe that some consumers may need an independent advocate, but I wouldn't assume that all of them do. I think a number of consumers will be perfectly fine with the manager care organizations that they want to get into it. We are at CHC committed to ensure that the participants are able to get the services they need. Participants getting the services they need is one of my main goals throughout the complete aches period. Right now CHC is -- throughout the implementation period. And we're going through the requirements in the manager care and we're evaluating our options currently.

>> **Question:** Have [indiscernible] shares been shared with MCOs will the stakeholders have access to rates?

We have not begun the rate negotiation. The answer to the first question, is no. Will the stakeholder have discern arkoses to that, and the answer to that is no. . -- if the stake heeledder will have access to that, and the answer is no.

>> **Question:** Is there information available -- oh, we did these all right. Okay.

>> **Question:** The HMQI initiative appears to be solved, not moving forward. Will the provision of environmental adaptation services [indiscernible] to the overseen by the MCOs, if so, will they [indiscernible] and evaluated prior to implementation of community health choices.

The answer to both is yes.

>> **Question:** We are a [indiscernible] agency and we would like to know if there are any steps we need to follow prior to the initiation?

Yes. We need you to enroll as a provider with all manager care. [indiscernible] as many as you can. There are links on the Community Health Choices page. Apply to be a provider at each MCO. Look on the page that I mentioned earlier. I'll go back to it just to show it to you again. Sorry. This is this page right here. It's easily -- you can easily get to it off of our Community Health Choices website, and when you go to the Community Health Choices website, click the tab for providers and you will get to these three links at the bottom of the page. AmeriHealth Caritas, Pennsylvania health and wellness be Centene, and UPMC for You. And you can go ahead and start to review, look at them, study them, and steps by which you need to take are certainly in there.

>> **Question:** Will the core teams be set up similar to the bureau of manager care organizations?

>> Yes. They will be. It'll be a similar process. A number of state staff responsible. One staff person that manages that core team and then the monitoring team. And then there will be a number of subject matter experts from many other areas of the state. One of the questions came in, persons from CPO, I apologize.

The list that I gave out, [indiscernible] it was not inclusive. Le it include everybody that needs to work with the Community Health Choices program. We'll be working on that also. But the teams will be similar in structure as far as working with the MCOs.

>> **Jennifer:** Because we're so used to using our jargon, PTL, liability, the department, the office within the department of human services which is critical for long-term care and then another one, and mentioned earlier, subject matter experts, is bureau of perfect or BCI. Yes, the answer to

that, core teams are set up similar to the bureau of managed cares and office of medical assistance programs and [indiscernible] including multiple program [indiscernible], and yes, that will absolutely be done.

>> **Question:** Our providers to contact [indiscernible] during the continuity of care. The answer is yes. Will the MCO decide on the rate for labor services or a unified rate as is now? Will the rate be relatively the same to the current rate for waiver services? Often long-term living did not specify rates. Py will say that during the two meet and greets, the manager care organizations talk about how the providers providing higher quality services, they negotiate rates as [indiscernible] ad hoc? As such.

>> What is the learn learn plan, discerned to not be ready. CAC will go ahead with the one ready, and MCO [indiscernible] scheduled? Honestly, all three MCOs will be ready to go is our expectation. We will work very hard with them to ensure they're ready. If we run into a situation where one or two of the MCOs are not ready to go, that's obviously going to stimulate some internal conversation with how we move forward with the program. Right now I don't think we can map that scenario out but as we start the readiness review through the fall and into the winter, if we see a scenario like that, it's certainly a discussion the department will have to have.

>> **Question:** Will the nursing facilities continue to submit cost reports to the department of human services. On the short-term, we have not made a decision on the cost reports but for now they will submit cost reports critical to our rate setting process.

>> **Question:** When will the manager care organizations reach out to us for contracting? They certainly will be doing that as they start to stand up their networks. I mentioned early advocacy will be critical. Throughout Randy's presentation, he talked about the importance of the continuity of the pryers to continue provider services -- the providers. If in your shoe, I would be proactive and reach out to the manager care organizations and began to establish a relationship with them.

>> **Question:** Only those three manager care organizations? Any others in the southwest area? No. They were selected statewide. Three organizations, aMary healthcare attas, Pennsylvania health and wellness, and UPMC for You were the three selected statewide.

>> **Question:** Will service coordinate be able to secure contracts with manager care organizations. Yes, they will. That is expected -- our service coordination entities are considered services. So the manager care organizations will be required during continuity of care periods to contract with them in order to have service coordination.

Question

>> .

>>: What if I participant belongs to another insurance care provider and what if the Doctors are not in the network. Health choices managed care not selected for Community Health Choices, yes. Those participants will need to select a Community Health Choices manager care organization.

>> **Question:** Follow up to a question I answered earlier. I don't understand how providers will determine if [indiscernible] managed care organizations, we cover 1100 consume, how will this information get to us? We'll need to direct our billing to the proper managed care organization. That's true. You will. What I would recommend you do, that I take [indiscernible] and work with our provider area to really map this out for you. I don't have an exact answer for you how it'll work today. But this is part of the work that we're doing in development. And to the individual who reached out, I will be in touch with you in order to get more information and talk with you. Talk with you about what some of your concerns in this area are. [off mic]. For later.

>> **Question:** Will the providers have access to the [indiscernible] manager care organization policies and procedures?

If you are talking about member or provider, housekeeping procedures?

>> **Randy:** It's remaining to be found. [indiscernible] services, yes, you'll have access to anything provider related. Providers will have access to it. If you're talking about the general policies and procedures of the organization, the MCO, I mean, it's up to the MCO to provide to you the stuff you need to provide services and to work with the MCO as far as billing and doing all of the work you need done.

>> **Jennifer:** Right. And I think by what Randy just described, really underscores that to the extent that individuals or providers need information on policies and procedures, all of those things are going to be clearly outlined in the member handbooks and member information. Same thing with the provider handbooks and the provider information. We'll be reviewing that thoroughly in readiness review. They translate into what the processes are for the manager care organization.

>> **Question:** How do we become a provider for manager care organizations.

Again, go to the provider page on Community Health Choices. By the way, if you have not gone to Community Health Choices website, I encourage you to do so. You can find -- you can easily navigate to the Community Health Choices website by starting on the [www.DHS.gov](http://www.DHS.gov). Under hot topics in the lower left corner there are a number of live links to the area topics and you click on Community Health Choices and that takes you right to the Community Health Choices website, and now in Community Health Choices we've just added this page for providers that will link you to the three MCO. Go on the three MCOs websites, the three MCOs are, have web pages for providers and for interest in providers. There's a lot of information out there for how to go about doing that. So I encourage you to use the website to get there.

>> **Question:** Have any protest [indiscernible] managed care organizations. What is the end of the protest period?

We are in the process of doing debriefing. Whether or not protests have been filed is not at this point public. And however we are debriefing with a number of the manager care organizations.

>> **Question:** Should the southeast region providers start now with contracting with the three manager care [indiscernible] MCOs to start the redemption process? -- the credentialing process?

I would advise you to go and get that process started.

>> **Question:** Where can we find additional information regarding the employment services being added to the waivers. Will an RFP be posted for employers to apply to provide the services.

We did a public comment period. And this is what we did to add them to it's [indiscernible] waivers. Those employment services are going to be available. We are shooting to have them available and ready to be [indiscernible] in October of this year. I'm not sure that that October 1 start date is still the start date. However, I will make sure that this individual -- we have a lot of information on our [indiscernible] we have five new [indiscernible]. We have done several webinars on all of our employment activities and I will, I would urge you to take a look at the information that we put out there. I will encourage, or I will ask our employment lead in the Office of Long-Term Living who is very involved in all of the activities we're doing around employment of people with disabilities. , Ed Butler. I will provide him with your e-mail address and have him contact you. He can give you, he can send you a [indiscernible] webinar and send them to you, and happy to

talk to you through them, and they describe the -- you have a description of the services in there.  
>> **Question:** Will an RFP be posted, second question, will it be posted to allow a provider to find the services.

There's not an RFP necessary but providers can certainly do that, and Ed Butler can tell you how that's done. We'll follow up with him with all of that information.

Conference question: The department of human services website states the Community Health Choices, MCOs will be responsible for assuring at service is provided through contracts with service -- or through internal community health choices [indiscernible] staff. States that MCOs will contract with existing MA providers for six months. What happens after six months contract with the managed care organizations expires?

I would say that the manager care organizations all have -- managed care organizations all have, in fact, when we did the meet and greet, we heard this loud and clear from all of them. If in the process, the service coordinators are high quality service coordinates and the. Participant is really doing well in that environment, it would be silly for the manager care organization to -- it would not be in their best interest or the consumers best interest for them to cancel contracting with that, a good service coordinator. However, they may find some of the coordinators not doing a good job. Un-responsive. Or participants are complaining a lot about the coordinate, whatever the case may be. I imagine that the managed care organizations or expect that they will evaluate how the services are provided and they will act according to that kind of an evaluation. If you are a high quality service coordinator, I would expect that the manager care organizations would likely want to contract with you. If you are not a high quality service coordinator, they may choose not to contract with you anymore and work with a participant to get them enroll with a different service [indiscernible].

>> **Question:** How can you contract with the manager care organizations when there's been no rate announcement.

Manager care organizations will be contracted with providers in doing their own -- rate negotiations with those providers. That's how managed care works.

>> **Question:** Will nursing homes still need to send case mix index data to the state?

Yes. They will continue to send case mix data into the state.

>> **Randy:** If you're talking about the MDS, yes. When you submit that, that's a federal requirement. And other information that you they collect, you will want to submit that.

>> **Jennifer:** Where can I find the correct name and number to contact each of the correct people to be contracted with. Again, go to go to the website website. From the Community Health Choices website. AmeriHealth, Caritas, Pennsylvania health and wellness, Centene, UPMC for You. Go over to the provider pages for those MCOs and there's information on how to get in touch with them, how to be a provider, and all the of the information you can find on those websites.

>> **Question:** Service coordination unlimited is a organization -- this is a similar question to an earlier one, which I did an opportunity to -- I mean, I said we would do follow up directed with that inquiry [indiscernible]. Would be interested in how we know which MCOs are working for our apartments. It'll be of critical importance because MCO is in the first group to roll out here in the southwest. Again, I will reach out to this provider as well to make sure that -- [indiscernible] that other one -- to make sure that -- I don't know the answer to that question. However, we will make sure to took we figure it out so that the service accorders are able to do that. -- service coordinators are able to do that. Likely going to be a report we generate based on enrollment,

once the enrollment passes but that's a technical question I am not able to answer at this time. However, I have your address, and the address for the other inquiries, the same inquire in more detail.

>> **Question:** What is the timeline for contract finalization with the three managed care organizations?

It is our goal -- do you have the timeline for the contract? Right now, what we have right now?

>> **Randy:** What we have on the time line right now is to start readiness review in October and to work through that part of it. As far as contract North America, a lot of it has -- as far as contract negotiations, it depends on looking at the briefings and the negotiations which should probably, I think the debriefings are going through another week or so. Then we look at probably the beginning of October to start the actual beginning of the negotiations with the MCOs. So I think that's a timeline that we have at this point in time. As far as finishing the endpoint of the time line, it really depends on the negotiations. Once we start to sit down with the MCOs and share the rates and looking at the final agreement. It really depends on the back and forth that we have with the MCOs. The bottom line with the MCOs to be up and ready by our go no go date of March 31. Obviously, it'll be in their best interest to get the agreements and contracts with us signed so

they can start the work [indiscernible]. A couple other questions came into me.

>> **Question:** We were told that the state would handle all evaluation of providers --

We have a plan, a database that we collect the information in. We plan on providing that database to the MCOs. The discussions we've had with the MCO over time, and a lot of the MCOs who credentialed that we would share this with them and there should be very limited information they require in addition to that. We will provide that information to them. That's part of the plan still.

>> **CART Captioner:** Question: Thank you so much for mentions your interest in ongoing provider advocacy as the program begins having providers do you [indiscernible] the contracting with calls or e-mails or company can't get a call back from the MCOs initially selected by the -- or let alone letter of intent -- we're worried that after the six month period of time expires -- is that something that providers can expect to happen as far as business [indiscernible]. Pleat Greets have not helped. We have been total AI told that they have more than one provider in the area. We're concerned thank you for the the area.

>> **CART Captioner:** Reading the questions too fast there.

>> There's a provider of mows moss that we contract with. And we dictated they need ability of choice. Any need a number of providers within the time limitations of all of the consumers. Whether it's 30 minutes or 60 minutes. We have to find that they have to have an adequate network to provide services in a timely manner to individuals. [indiscernible] not when you need 10,000 people who need the service. That's some of the things we'll look at through the readiness review process. And through the MCOs we contract with, that's a decision that the MCOs will be making as they meet with your providers. I am a little concerned that you said you contacted the MCOs and they have not gotten back to you. That's certainly something we can take a look at. I do have your e-mail here. Let me send you an e-mail and get more information and see if I can help you out with that part of it. We do realize that this is probably a scary situation for a lot of providers

out there. You're moving from dealing directly with the state, to the [indiscernible] program, to working with one, two, or even three MCO plans and to ensure that you're able to continue to

provide services. So as part of readiness review, and long-term monitoring, that's the next step we'll be looking at. So I will be back in touch with you.

>> **Question:** Be permitted to change managed care organizations if you're satisfied with their services and if so how often? The answer is to that, yes, at any time.

>> **Question:** What will be the process for an elder in a nursing home who becomes a blue eligible after spend down.

We have been doing extensive work with nursing facility organizations and some of their members who have been participating in the process to run through a variety of enrollment scenarios to ensure the least interruption. Kevin Hancock, our chief in staff, has been working very closely with them. Once we have all of that information kind of pulled together, we're right now sort of in the discovery phase, but I am sure welling doing some joust reach on the processes with the nursing facilities in particular. More to come on that, so thank you for the question.

>> **Question:** How can we find out the MCOs requirement for obtaining a contract. Again, go to the website for providers. It has the link to the three MCOs that were selected for Community Health Choices and those links go directly to their provider page where you'll be able to obtain the MCO requirem requirement.

>> **Randy:** A follow up credentialing piece. Why are they requires them to credential with them as part of the application process. That I am not sure. This is the first I've been aware of this. I will be back in touch with this individual to try to determine what's going on to resolve the situation.

>> **Jennifer:** Any more coming? Okay. It looks like that's the end of our questions. I want to thank folks for submitting questions to us. We really appreciate an opportunity to hear what's on your mind and to respond to the extent that we can for some of the things we asked we'll be doing follow up with you. But I really appreciate it. Please feel free to submit ideas for future Community Health Choices, the Third Thursday webinars. We are always looking for ideas and [off mic] and we'll be sending out an evaluation to those individual whose are participating, and we have your e-mail address. If you would please respond to that we are always looking for feedback on these webinars and we there's always room for improvement. So thank you very much.

I think I hear one coming off the press here.

>> **Randy:** Off the printer now.

>> **Jennifer:** Off the printer now. Let's see if we can answer it.

>> **Question:** Will current nursing facility residents be assigned to manager care organization or will they have the opportunity to select which one they want?

They'll have the opportunity to select which one they want. Obviously, if they're happy within the nursing facility that they're in, and it's a good choice and fit for them, we would encourage them to join the MCO that has contracted with that nursing facility. But it's really up to them.

>> **Question:** When is the deadline for the public comment? [off mic] I don't know what public comment is open right now? [off mic] we don't have any open. [indiscernible] doesn't have any open right now. So I am not really sure what this is being referred to.

We'll make sure we reach out to you. We have your e-mail address. We'll see if we can sort out what it is, what public comment you are actually looking for.

>> **Question:** Is aMary healthcare aTaos only for Iowa? It's for Pennsylvania. We selected them. One of the offers that we selected. And we will be entering into a contract negotiation process with them as well as as Randy described earlier, a readiness review process.

>> **Question:** If the client has to choose one of the manager care organizations for physical health, how will this allow choice with only three MCOs.

Three MCOs is a choice. You have a choice of one of three. So that's how we're looking at choice in terms of it's MCOs.

>> **Question:** Here is the last one. We're coming to the end of our time. Would you share that address, website address again to access Community Health Choices? And the provider page? Here's the provider page. What it looks like. To get here you go to [www.DHS.PADGOV](http://www.DHS.PADGOV)-- [DHSPA.gov](http://DHSPA.gov). I am looking to make sure I am getting the correct. Top issues, bottom corner, at the top of the list, Community Health Choices. You link there, and you go to the Community Health Choices. We have added a bar in the middle of the -- we have added access to, for providers, on the right side of the page. There's related topics. And at the bottom it says for providers. Go to the for providers web page. And you should be able to get it. So, okay.

>> **Randy:** Last question. Going through the nursing home scenarios. [indiscernible] long-term eligibility P. thank you. That's it. Good input.

>> **CART Captioner:** Didn't hear all of that question either.

>> **Randy:** I have been in touch with Kevin, and that's one of the things we're going to take a look at.

>> **Jennifer:** Thank you very much. I want to thank everyone for participating in the Third Thursday webinar. I invites you to come back to the next Third Thursday in Octobers.

\*\*\*\*\*DISCLAIMER\*\*\*\*\*

THE FOLLOWING IS AN UNEDITED ROUGH DRAFT TRANSLATION FROM THE CART CAPTIONER' S OUTPUT FILE. THIS TRANSCRIPT IS NOT VERBATIM AND HAS NOT BEEN PROOFREAD. TO DO SO IS AN EXTRA FEE. THIS FILE MAY CONTAIN ERRORS. PLEASE CHECK WITH THE SPEAKER(S) FOR ANY CLARIFICATION.

THIS TRANSCRIPT MAY NOT BE COPIED OR DISSEMINATED TO ANYONE UNLESS YOU OBTAIN WRITTEN PERMISSION FROM THE OFFICE OR SERVICE DEPARTMENT THAT IS PROVIDING CART CAPTIONING TO YOU; FINALLY, THIS TRANSCRIPT MAY NOT BE USED IN A COURT OF LAW.

\*\*\*\*\*DISCLAIMER\*\*\*\*\*