# Community Health Choices

OVERVIEW



## WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

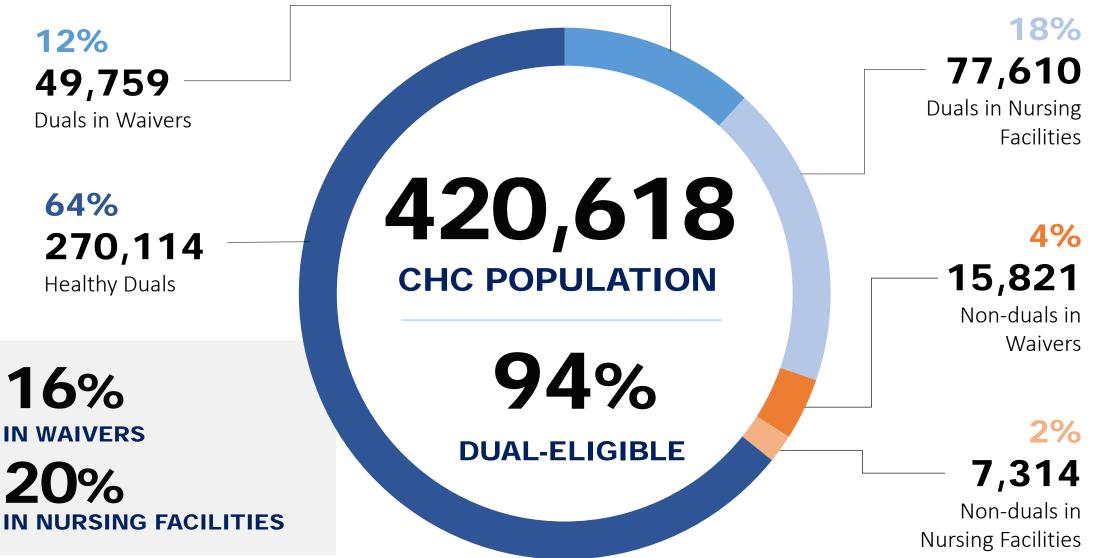
A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

### WHO IS PART OF CHC?

- Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
  - ✓ Individuals with intellectual or developmental disabilities who are receiving services through the Office of Developmental Program beyond supports coordination only will not be enrolled in CHC.
- Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  - ✓ This care may be provided in the home, community, or nursing facility.
  - ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

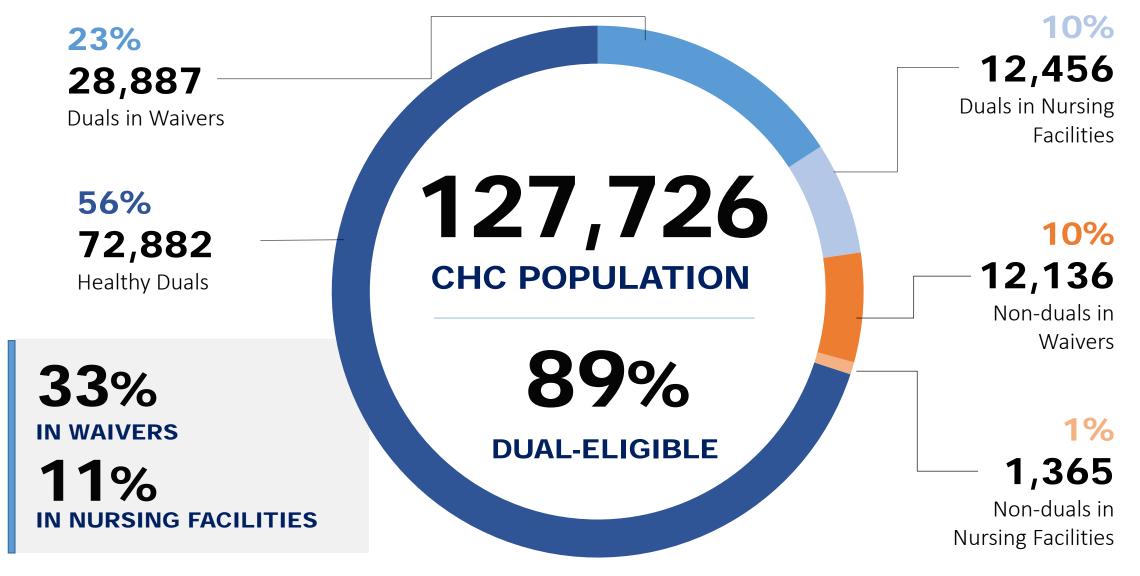


## **CHC STATEWIDE POPULATION**



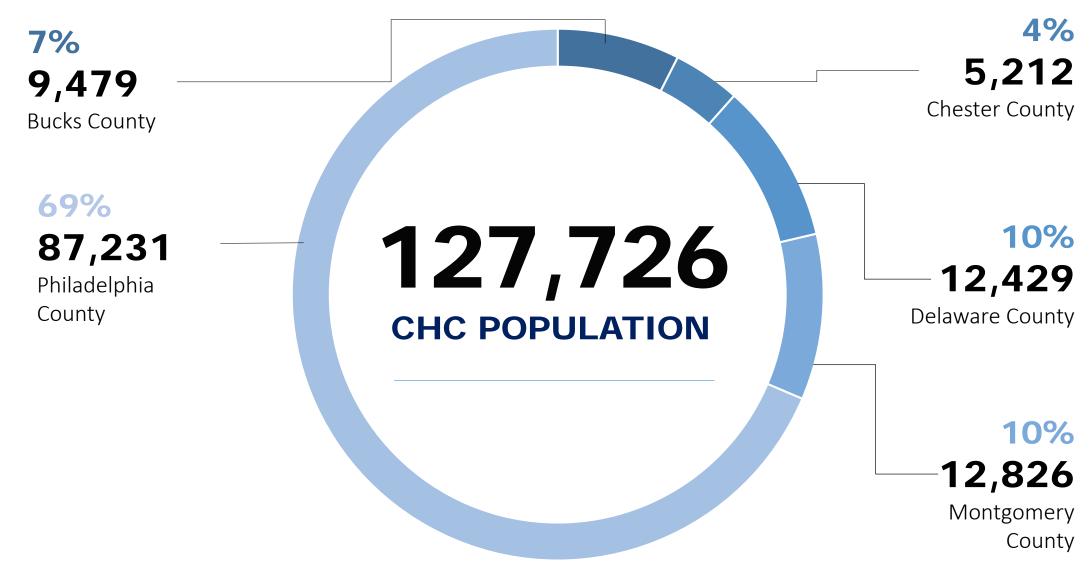


## **CHC SOUTHEAST POPULATION**





## **CHC SOUTHEAST POPULATION**





## **HOW DOES CHC WORK?**

## **Participants**

- Choose their MCO
- Should consider the provider network and additional services offered by the MCOs



## **DHS**

- Pays a per-member, per-month rate (also called a capitated rate) to MCOs
- Holds the MCOs accountable for quality outcomes, efficiency, and effectiveness

## **MCO**

- Coordinates and manages physical health and LTSS for participants
- Works with Medicare and behavioral health MCOs to ensure coordinated care
- Develops a robust network of providers



## WHAT ARE THE GOALS OF CHC?

#### **GOAL 1**

Enhance opportunities for community-based living.

#### **GOAL 2**

Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

#### GOAL 3

Enhance quality and accountability.

#### **GOAL 4**

Advance program innovation.

#### **GOAL 5**

Increase efficiency and effectiveness.



#### FOR ALL PARTICIPANTS:

### Physical health services

All participants will receive the Adult Benefit Package, which is the same package they receive today.

This includes services such as:

- Primary care physician
- Specialist services
- Please note: Medicare coverage will not change.



#### **FOR ALL PARTICIPANTS:**

#### Behavioral health services

All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs.

Services available to participants include but are not limited to:

- Inpatient Psychiatric Hospital
- Inpatient Drug and Alcohol Detox and Rehabilitation
- Psychiatric Partial Hospitalization
- Outpatient Psychiatric Clinic
- Drug and Alcohol Outpatient Clinic

This is new for Aging Waiver participants and nursing facility residents, who receive behavioral health services through fee-for-service.



#### TRANSPORTATION SERVICES:

- All CHC participants have access to emergency and non-emergency medical transportation.
- Participants will continue to use the Medical Assistance Transportation Program (MATP) for nonemergency medical transportation to and from medical appointments.
  - Participants residing in nursing facilities are the exception.
  - Nursing facilities will continue to coordinate transportation for their residents.
- Nursing facility clinically eligible (NFCE) participants also have access to non-medical transportation. Non-medical transportation can include:
  - Transportation to community activities, religious services, employment and volunteering, and other activities or LTSS services as specified in the Participant's Person-Centered Service Plan (PCSP).
  - This service is offered in addition to medical transportation services and shall not replace them.
  - These services may include the purchase of tickets or tokens to secure transportation for a participant.



#### FOR PARTICIPANTS WHO QUALIFY FOR LTSS:

- 32 home and community-based long-term services and supports including:
  - ✓ Employment services
  - ✓ Home adaptions
  - ✓ Pest eradication
- Long-term services and supports in a nursing facility
- Participant-directed services will continue as they exist today.



## Nursing Facility Any Willing Provider

Each CHC managed care organization (MCO) must contract for at least 18 months with any Medicaid NF that:

- Accepts CHC-MCO's payment rates and
- Complies with quality and other standards and terms established by DHS and the CHC-MCO
- For Phase II (SE Zone): January 1, 2019 June 30, 2020

## Payment for NF Services

## NF Rates for the First 36 Months Per Zone

- Average of each NF's FFS rates in effect for the four quarters prior to implementation
- Southeast Calendar Year 2018 quarters
- These rates will not be adjusted over the 36 month timeframe.
- The CHC-MCOs and NFs may agree to higher rates.
- The CHC-MCOs and NFs may agree to lower rates initially under an alternative payment methodology.
- The payments funded through Appendix 4 of the agreement between DHS and each CHC-MCO (relating to nursing facility access to care payments) and Exceptional durable medical equipment (DME) shall be in addition to a NF's rate.

## **Payment for NF Services**

## Supplemental payments remaining in FFS

- Health Care-associated Infection (HAI)
- Legislative adds such as nonpublic Medical Assistance Day One Incentive (MDOI)



## Payment for NF Services

## Supplemental payments in the capitation rate

- Exceptional DME
- Assessment related allowable cost for nonpublic NFs (Appendix 4)
- Quarterly supplemental payments for nonpublic NFs (Appendix 4)
- County MDOI (Appendix 4)
- County Quality and Access to Care Payments (Appendix 4)
- Disproportionate Share Incentive\*
- Supplemental Ventilator Care and Tracheostomy Care\*
- \*Payment history related to these payments was used in the development of the CHC capitated rates but there is no requirement for a separate payment in addition to the per diem.

## **CONTINUITY OF CARE**

- MCOs are required to contract with all willing and qualified existing LTSS Medicaid providers for 180 days after CHC implementation.
- Participants may keep their existing LTSS providers for the 180-day continuity of care period after CHC implementation.
- For nursing facility residents, participants will be able to stay in their nursing facility as long as they need this level of care, unless they choose to move.
- The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.





# WHERE IS IT NOW?

## **SOUTHWEST IMPLEMENTATION**

- Successfully implemented the southwest on January 1, 2018.
- Approximately 80,000 Participants were transitioned to the CHC program.
- Lessons Learned (so far) EARLIER EVERYTHING
  - Earlier stakeholder engagement opportunities, trainings, OBRA reassessments, and data clean-up in HCSIS and SAMS
  - Enhanced communication regarding Medicare vs. CHC

## **SOUTHEAST IMPLEMENTATION**

- Incorporation of southwest implementation and launch lessons learned
- Comprehensive participant communication
- Robust readiness review
- Provider communication and training



## PRIORITIES THROUGH IMPLEMENTATION

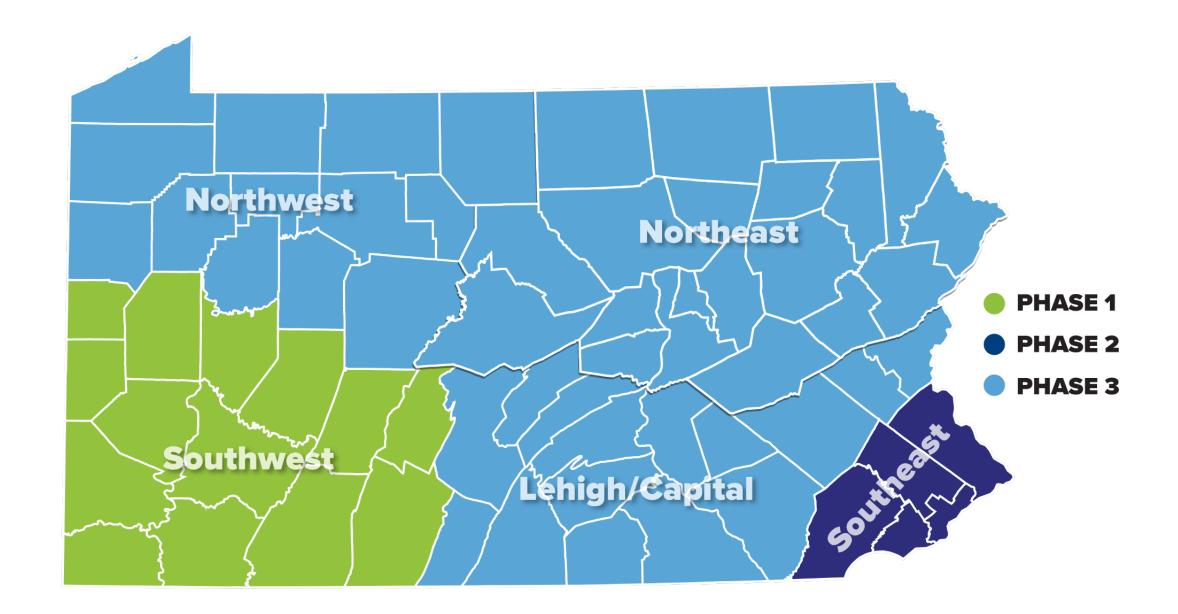
#### **ESSENTIAL PRIORITIES**

- No interruption in participant services
- No interruption in provider payment

#### **HOW WILL WE ENSURE NO INTERRUPTIONS?**

- The Department of Human Services (Department) is engaged with the MCOs in a rigorous readiness review process that looks at provider network adequacy and IT systems.
- The Department of Health must also review and approve the MCOs to ensure they have adequate networks.







## MANAGED CARE ORGANIZATIONS

• The selected offerors were announced on August 30, 2016.





www.Keystonefirstchc.com
CHCProviders@keystonefirstCHC.com



www.PAHealthWellness.com
information@pahealthwellness.com

UPMC Community HealthChoices

www.upmchealthplan.com/chc CHCProviders@UPMC.edu



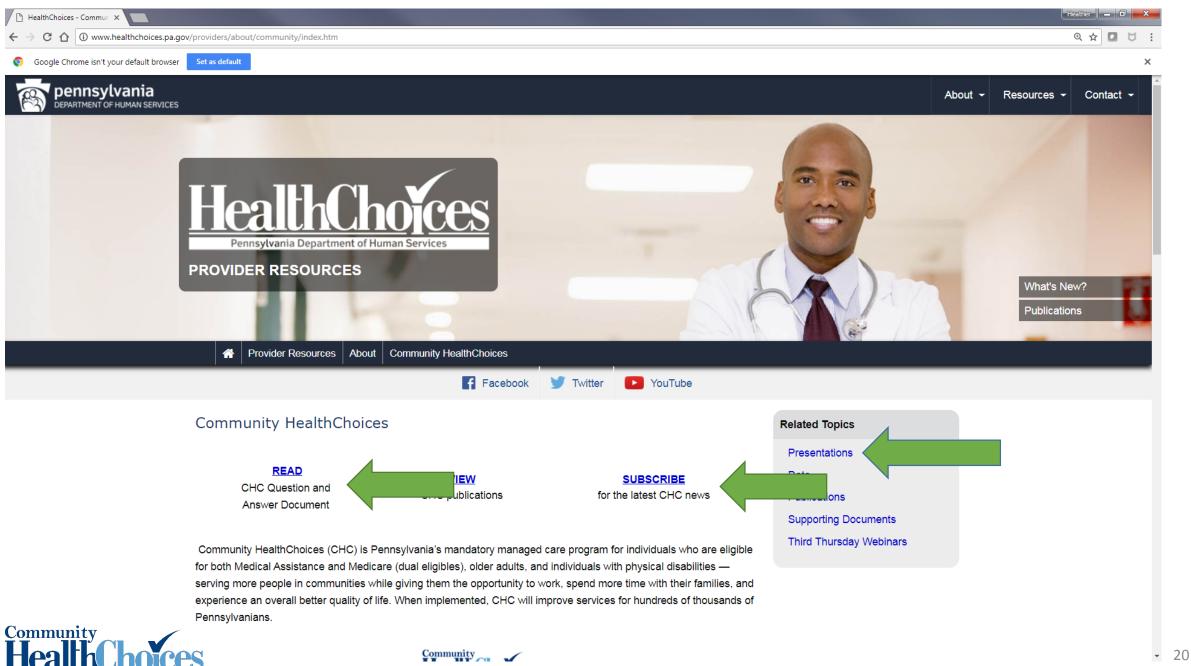


## COMMUNICATIONS



## www.HealthChoices.pa.gov





#### **TRAINING**

These trainings have been created to help providers answer questions about CHC. CHC Overview Training (Approx. 30 minutes)

#### **Direct Service Providers**

<u>Direct Service Provider Online Course</u> (Approx. 45 minutes)

#### Service Coordinators

- For the general public Service Coordination Online Course (Approx. 45 minutes)
- For <u>service coordinators only</u>, visit the following <u>website</u> for instructions on how to complete the training which includes a test to verify competency.

#### **Nursing Facilities**

- For the general public Nursing Facility Training (Approx. 40 minutes)
- For <u>nursing facilities only</u>, visit the following <u>website</u> for instructions on how to complete the training.
- Nursing Facility Eligibility and Enrollment Process webinar | powerpoint

#### PROVIDER DOCUMENTS

#### General

CHC Acronym Glossary Guide

What is CHC?

Who is served by CHC?

Community HealthChoices vs. HealthChoices

Informational flyer

Timeline for Implementation

**Provider Eligibility** 

#### Benefits/Service Coordination

Service Coordination

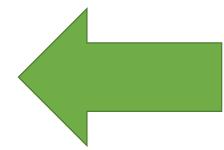
Continuity of Care

Long-Term Services Guide

Adult Benefits Package

Behavioral Health Provider Update

Coordination with Medicare









#### Community HealthChoices

\*\*RSVP

to Southeast provider meetings

READ

CHC participant documents

VIEW publications SUBSCRIBE

for the latest CHC news

#### **Related Topics**

Community HealthChoices

Publications

Supporting Documents

Third Thursday Webinars

Communications to Participants





## **PARTICIPANTS**

#### **AWARENESS FLYER**

• Mailed five months prior to implementation. Southeast: July 2018

#### **AGING WELL EVENTS**

Participants will receive invitations for events in their area. Southeast: August 2018

#### PRE-TRANSITION NOTICES AND ENROLLMENT PACKET

Mailed four months prior to implementation. Southeast: August 2018

#### **SERVICE COORDINATORS**

• Will reach out to their participants to inform them about CHC. Southeast: September 2018

#### **NURSING FACILITIES**

Discussions about CHC will occur with their residents. Southeast: September 2018



## RESOURCE INFORMATION

CHC LISTSERV // STAY INFORMED: <a href="http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html">http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html</a>

COMMUNITY HEALTHCHOICES WEBSITE: www.healthchoices.pa.gov

**MLTSS SUBMAAC WEBSITE:** 

www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/

EMAIL COMMENTS TO: RA-PWCHC@pa.gov

OLTL PROVIDER LINE: 1-800-932-0939

OLTL PARTICIPANT LINE: 1-800-757-5042

INDEPENDENT ENROLLMENT BROKER: 1-844-824-3655 or (TTY 1-833-254-0690)

or visit www.enrollchc.com





# QUESTIONS

