Community HealthChoices

Hospital-Based and Physical Health Providers Overview

SOUTHEAST PROVIDER SUMMIT

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Department of Human Services

pennsylvania
DEPARTMENT OF HUMAN SERVICES

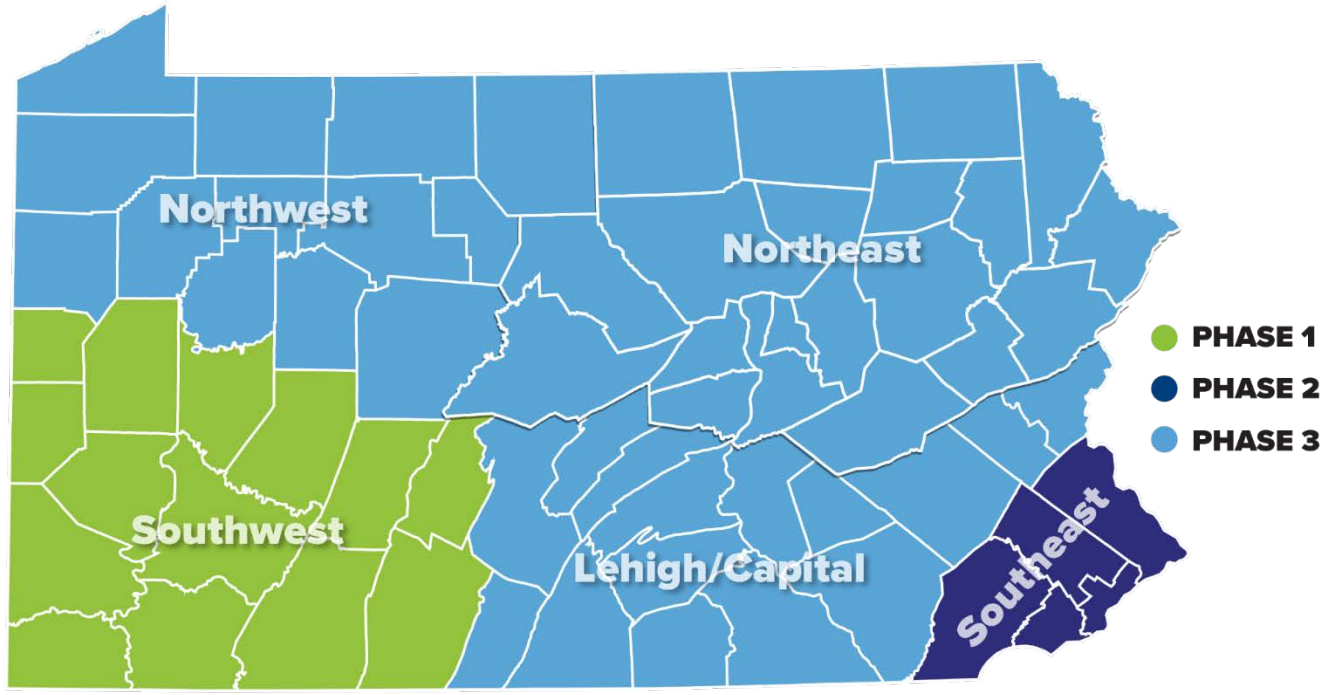
JUNE 2018

IMPLEMENTATION HIGHLIGHTS

WHEN DOES COMMUNITY HEALTHCHOICES (CHC) BEGIN?

- CHC will be phased in across the state using the five geographic HealthChoices zones. The implementation date for the Southeast region is January 2019.

- Prior to implementation of CHC in each region, providers should expect to receive detailed communications from the Department of Human Services informing them of actions needed to be taken in order to continue providing services under this new model.



Community HealthChoices

HEALTHCHOICES vs. COMMUNITY HEALTHCHOICES

HEALTHCHOICES

- Providers enroll as Medicaid providers
- Providers contract with managed care organizations (MCOs)
- Providers bill MCOs
- Physical Health Adult Benefit Package
- Coordinate behavioral health services

COMMUNITY HEALTHCHOICES

- Providers enroll as Medicaid providers
- Providers contract with MCOs
- Providers bill MCOs
- Physical Health Adult Benefit Package
- Coordinate behavioral health services
- **Dual-eligible coverage**
- **Long-term services and supports**

CONTINUITY OF CARE

MIRRORS HEALTHCHOICES FOR PHYSICAL HEALTH

- MCOs are required to comply with continuity of care requirements outlined in MA Bulletin 99-03-13.
- Providers must check the Eligibility Verification System (EVS) prior to providing any service to an eligible Medical Assistance participant.
- If the provider learns, through EVS or otherwise, that a participant has an approved fee-for-service (FFS) authorization and has enrolled in a MCO, providers must call the MCO and notify them of the prior authorized services about to be performed.
- Participants may keep their existing providers for the 60-day continuity of care period after CHC implementation for physical health services.
- The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.

CONTINUITY OF CARE

LONG-TERM SERVICES AND SUPPORTS (LTSS) CONTINUITY OF CARE – FIRST 180 DAYS

- MCOs are required to contract with all willing and qualified existing LTSS providers for 180 days after CHC implementation.
- Participants may keep their existing LTSS providers, including service coordinators, for the 180-day continuity of care period after CHC implementation.
- A participant who resides in a nursing facility on the implementation date will be able to stay in their nursing facility as long as they need that level of care, unless they choose to move.

PROVIDER PROGRAM INFORMATION

LTSS CONTINUITY OF CARE – FIRST 180 DAYS

- All CHC-MCO network providers must be enrolled with Medicaid and must be credentialed by and contracted with a CHC-MCO to receive reimbursement for services provided to a participant.
  - ✓ The Medicaid enrollment process verifies that a provider meets Medicaid enrollment requirements.
  - ✓ CHC-MCO network providers must be enrolled in Medicaid for all types of services they wish to provide under CHC.
  - ✓ To meet necessary accreditation standards, CHC-MCOs must go through a similar process. This process has additional requirements related to the approval process, time limits for how long information can be used in verifying providers, and requires direct verification of provider information.
- Providers must agree to contractual terms and meet CHC-MCO participation requirements.
  - ✓ CHC-MCOs will determine best practices and quality standards to support their programs.
- CHC-MCOs are currently actively contracting with providers in the Southeast region.
  - ✓ Providers are encouraged to engage with the CHC-MCOs now to assure continuity of care for participants.

PROVIDER PROGRAM INFORMATION

HOW ARE PROVIDERS PAID FOR SERVICES?

- Providers must bill the appropriate CHC-MCO to receive reimbursement for services after January 1, 2019.
- Each CHC-MCO will have their own claim system.
- CHC-MCOs are required to train providers on claims submission, any electronic visit verification system, other software systems such as their service coordination system, as well as many other aspects of CHC.
- Providers will have the opportunity to participate in claims testing with the CHC-MCOs through the readiness review process as needed.

PROVIDER PROGRAM INFORMATION

HOW CAN A PROVIDER IDENTIFY A PARTICIPANT'S CHC PLAN?

- The Access card is not going away.
- The current EVS will identify CHC participants and their CHC-MCO.
- The EVS methods, inquiry, and response formats will not change with CHC implementation.
- EVS will display the CHC-MCO plan code information, along with the consumer's primary care physician, if available.
- All other existing waiver benefit packages and HealthChoices managed care responses remain unchanged.

COORDINATION WITH MEDICARE

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC. Better coordination between these two payers can improve participant experience and outcomes.

- Dually eligible participants will continue to have all of the Medicare options they have today, including Original Medicare and Medicare Advantage managed care plans. The implementation of CHC will not change the services that are covered by Medicare.

- All CHC-MCOs are required to offer a companion Dual Eligible Special Needs Plans, also known as D-SNPs to its dually eligible participants. D-SNPs are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services.

COORDINATION WITH MEDICARE

- Medicare will continue to be the primary payor for any service covered by Medicare. Providers will continue to bill Medicare for eligible services prior to billing Medicaid. All Medicaid bills for participants will be submitted to the participant's CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim.

- Participants must have access to Medicare services from the Medicare provider of his or her choice. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO's provider network.

PROVIDER PROGRAM INFORMATION

HOW IS CRITICAL INCIDENT REPORTING HANDLED?

- Providers must report in accordance with applicable requirements.
- CHC-MCOs and their network providers and subcontractors must report critical events or incidents via the Department's Enterprise Incident Management System.
- Using the Department's Enterprise Incident Management System, the CHC-MCOs must investigate critical events or incidents reported by network providers and subcontractors and report the outcomes of these investigations.

PROVIDER PROGRAM INFORMATION

WHAT ARE THE OBJECTIVES OF SERVICE COORDINATION FOR CHC?

- Service coordination is an administrative function of the CHC-MCOs.
- Every participant receiving LTSS will choose a service coordinator.
- The service coordinator will coordinate Medicare, LTSS, and physical and behavioral health services.
- They will also assist in accessing, locating and coordinating needed covered services and non-covered services such as social, housing, educational and other services and supports.
- The service coordinator will also facilitate the person-centered planning team.
- Each participant will have a person-centered planning team that includes their doctors, service providers, and natural supports.

PROVIDER PROGRAM INFORMATION

WHAT MEASURES WILL BE USED TO MEASURE QUALITY?

NATIONAL

- Healthcare Effectiveness Data & Information Set (HEDIS)(Adults)
- CMS Adult Core
- CMS Nursing Facility
- Consumer Assessment of Healthcare Providers & Systems (CAHPS)
- CMS Medicare measures for dually eligible, special needs plans

STATE

- LTSS Community-based services
- Service coordination and care coordination
- Grievances, appeals, and critical incidents
- Rebalancing
- CHC HCBS Waiver assurances

LAUNCH INDICATORS

- Key data points provided frequently during launch
- Focus on:
  - Continuity of services
  - LTSS provider participation

PARTICIPANTS

WHAT CAN PROVIDERS DO TO ASSIST PARTICIPANTS?

- Encourage them participate in CHC Third Thursday webinars to learn more about CHC.
- Encourage them to participate in stakeholder engagements.
- Ask them to read any CHC-related information by the Department.
- Encourage them to participate in upcoming educational sessions hosted by the Department.
- Encourage them to select a CHC-MCO by the date identified by the Department.
- Encourage them to subscribe to the CHC listserv.

PARTICIPANTS

WILL PARTICIPANTS BE ABLE TO USE THE OLTL HOTLINE?

- Participants should work with their CHC-MCO to address concerns.
- The CHC-MCOs will have complaint and grievance processes and will support the Medicaid fair hearing process.
- The participant hotline will still be available for unresolved issues with MCOs.

COMMUNICATIONS

WHAT SHOULD MY ORGANIZATION DO TO PREPARE?

- Participate in CHC Third Thursday webinars to learn more about CHC.
- Participate in stakeholder engagements.
- Read and share within your organization any CHC-related information sent to you by the Department.
- Participate in upcoming educational sessions hosted by the Department.
- Contact CHC-MCOs to discuss contracting.

www.HealthChoices.pa.gov

Community HealthChoices

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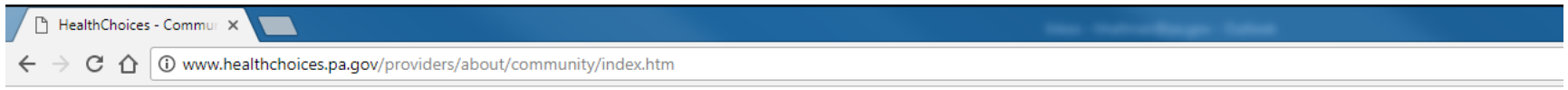


TRAINING

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

Direct Service Providers
Direct Service Provider Online Course (Approx. 45 minutes)

Service Coordinators
- For the general public - Service Coordination Online Course (Approx. 45 minutes)
- For service coordinators only, visit the following website 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 nursing facilities only, visit the following website for instructions on how to complete the training.
- Nursing Facility Eligibility and Enrollment Process webinar | powerpoint

PROVIDER DOCUMENTS

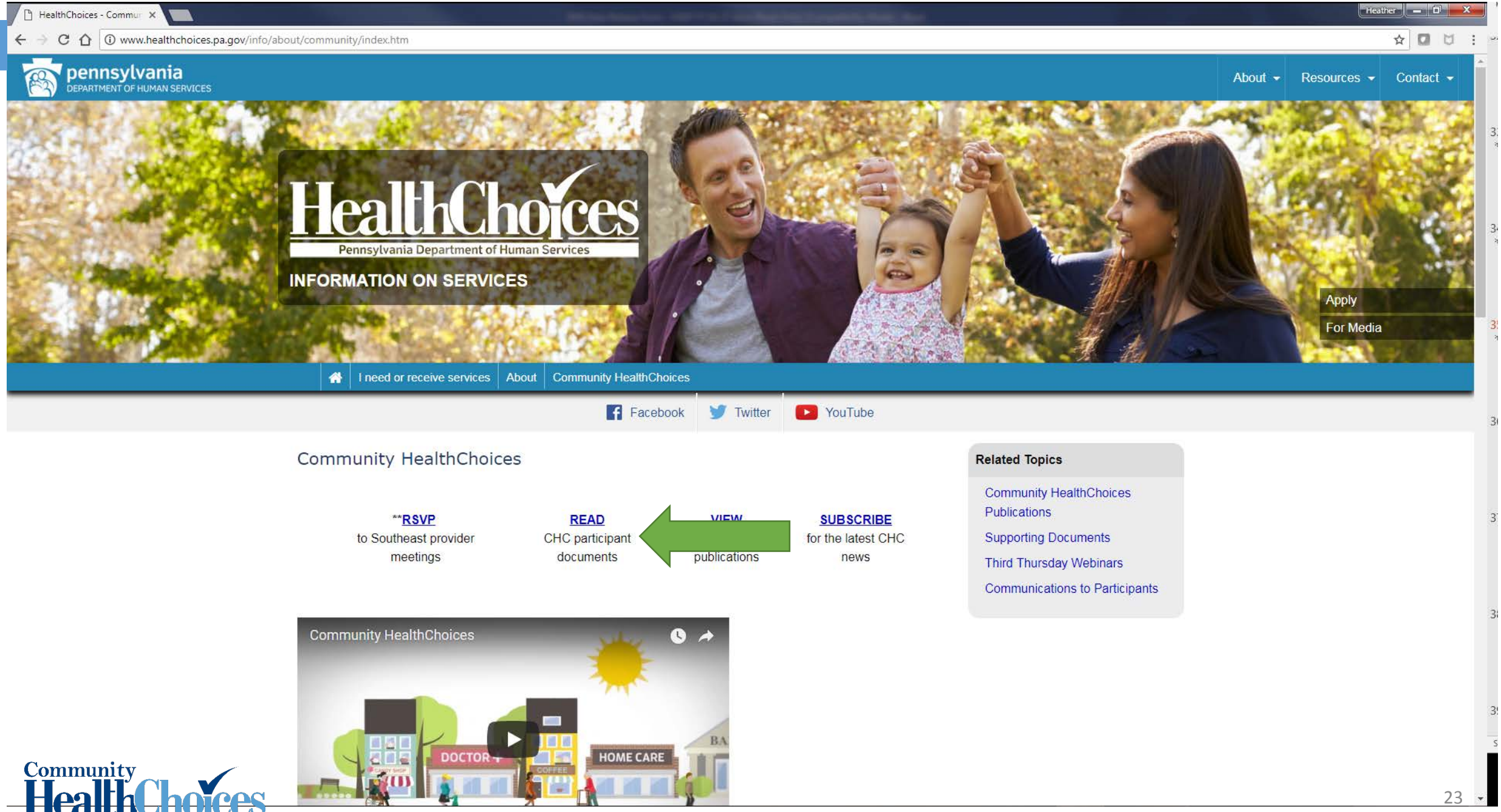
General
CHC Acronym Glossary Guide
What is CHC?
Who is served by CHC?
Community HealthChoices vs. HealthChoices
Informational flyer
Timeline for Implementation
Provider Eligibility

Benefits/Service Coordination
Service Coordination
Continuity of Care
Long-Term Services Guide
Adult Benefits Package
Behavioral Health Provider Update
Coordination with Medicare

Community HealthChoices

PROVIDERS

- Bi-weekly email blasts on specific topics
  - ✓ Examples: Billing, Service Coordination, Medicare, HealthChoices vs. CHC, Continuity of Care
- Provider narrated training segments
- Provider events in local areas to meet with MCOs and gain information about CHC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**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
Community HealthChoices
DOCTOR
HOME CARE

COMMUNICATIONS

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

MANAGED CARE ORGANIZATIONS

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

AmeriHealth Caritas Pennsylvania | Keystone First

- www.keystonefirstchc.com

pa health & wellness

- www.PAHealthWellness.com

UPMC Community HealthChoices

- www.upmchealthplan.com/chc

Community HealthChoices

RESOURCE INFORMATION

CHC LISTSERV // STAY INFORMED: http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html

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

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QUESTIONS

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