

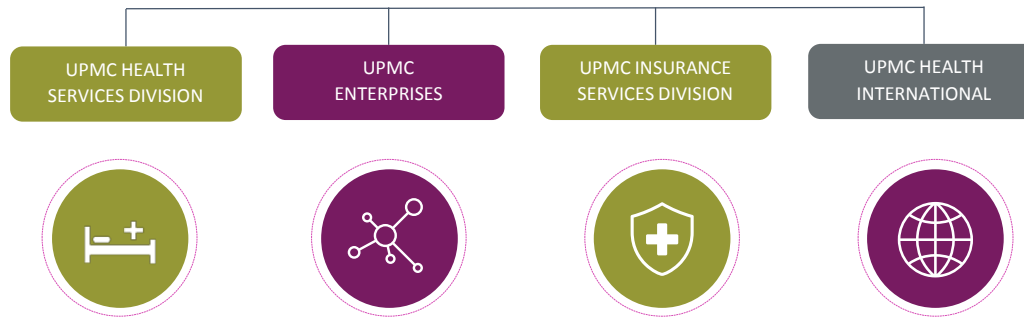


Community HealthChoices Overview

Southeast Zone Provider Meetings

Integrated Delivery & Finance System

UPMC LIFE
CHANGING
MEDICINE



Integrated Delivery & Finance System



UPMC Health Services Division has:

- More than 30 academic, community, and regional hospitals with more than 5,000 licensed beds
- Centers of Excellence in transplantation, cancer, neurosurgery, psychiatry, rehabilitation, geriatrics, and women's health
- 500+ clinical locations Pennsylvania
- 40+ UPMC Cancer Center locations
- More than 3.9M outpatient visits
- Magee-Womens Hospital of UPMC has the largest Neonatal Intensive Care Unit in Pennsylvania and treats more than 1,800 seriously or critically ill babies each year

UPMC Insurance Services Division has:

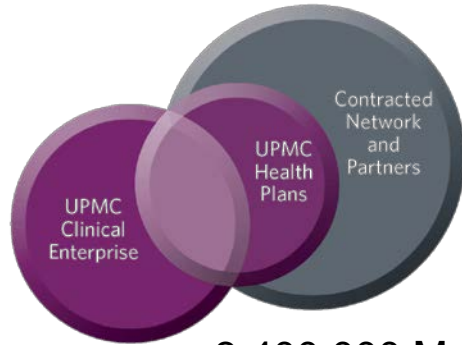
- More than 3 million members
- A financial strength rating of A- (excellent) from A.M. Best
- 11,000+ local employers
- 34% market share across all covered lives in western Pennsylvania
- The largest behavioral health insurance provider in Pennsylvania
- A full product portfolio: HMO, PPO, EPO, HSA, Dental, Vision, COBRA, Worker's Comp, Absence Management, EAP, and more
- More than 125 network hospitals and more than 11,500 physicians
- A large national network and 50,000 pharmacies nationwide

Highly integrated system with an academic medical center hub that is closely affiliated with the University of Pittsburgh

About UPMC Health Plan

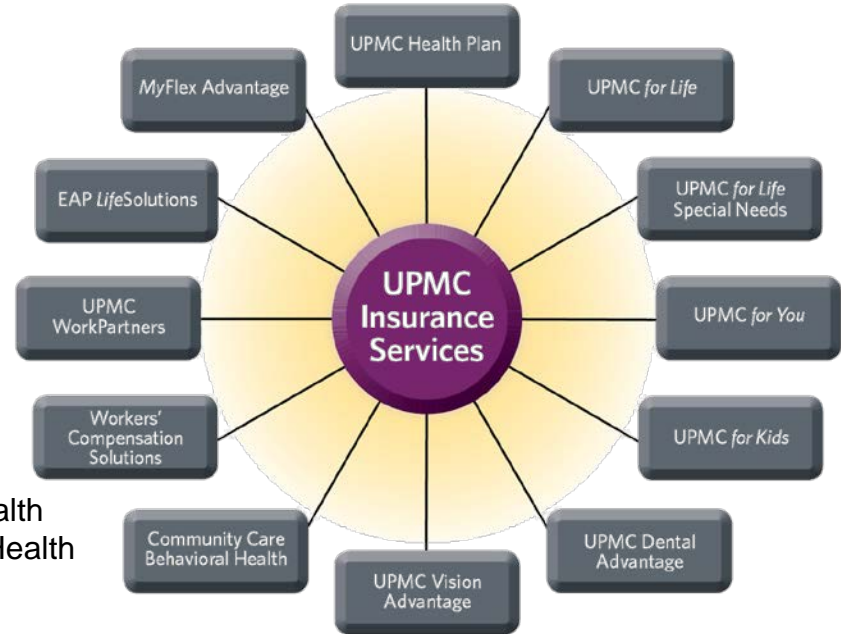


Large Network Anchored by UPMC



3,400,000 Members

- Medicaid –
 - 425,000 Physical Health
 - 950,000 Behavioral Health
- Medicare –
 - 151,000 HMO PPO
 - 26,000 SNP
- CHC – 42,000
- CHIP – 38,000



UPMC's Approach to CHC

- **D-SNP Platform and Experience**
 - Large D-SNP dating back to 2006
 - Quality leadership with CMS 4 Star rating
 - Innovative clinical programming
 - Provider partnership
- **Integrated Financing and Delivery System**
 - Payer-provider relationship propels shift away from volume-based care
 - Deep partnership with UPMC Health System and laboratory for innovation
 - Value-based partnerships beyond fueled by continuous learning model
- **Community Partnerships**
 - Coordination with SCEs and AAAs
 - Work with behavioral health
 - Partners in Care and nursing facility programs



UPMC is Committed to Achieving the Commonwealth's Goals

Innovative community relationships

GOAL 1:
Enhance opportunities for community-based living

Track record of quality, including D-SNP

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

Experience in value-based care

GOAL 5:
Increase efficiency and effectiveness

History of integrated physical and behavioral health care and large, innovative D-SNP

GOAL 4:
Advance program innovation

Nationally recognized analytics and clinical innovator

Service Model Differentiators

Leverage Expertise

- PA has a unique history and strong infrastructure and we are seeking partnerships with the existing service coordination network
- Our SNP breadth and depth of expertise enables integration of long-term supports with Medicare
- Integrated delivery & financing as a payer-provider offers innovation in value-based care
- Lessons learned from CHC SW launch

Coordinate Service Needs With Partners & UPMC Core Team

- Integrated care model & Informatics
- Partners:
 - Performance & value
 - Represent diversity of participants

Address Social Determinants

- Housing partnerships
- Unpaid caregiver support
- Connect participants with existing community resources

UPMC's Approach to CHC

UPMC's approach embraces that we live in the neighborhoods that we serve and we will have Community Hubs across the state

- The Community Hub serves multiple purposes:
 - Participants may meet with service coordinators, complete assessments, attend PCPT meetings or meet with community health workers
 - Service coordinators can provide redetermination assistance
 - Participants can access a resource library
 - All as we develop strong relationships with local community resources within the service area

Contracting - HCBS Providers

- Email CHCProviders@upmc.edu to receive a provider application
 - We will send you a link to the application
 - Please complete the application in full – incomplete applications will not be considered
 - Contract will be e-mailed for electronic signature
 - Applications and contracts will be processed as they are received
 - *The email used on your application is the address we will use for communication*
- Technical Assistance webinars will be held for all providers for whom we have received a completed application (2 webinars per week based on need)
 - Week of June 25th, July 16th, August 13th, August 27th, Sept 10th, Sept 14th
- **NPI** should be obtained as soon as possible if you do not have one (contact us at above e-mail address if assistance is needed)

Contracting- Nursing Facilities

- Email nursingfacilityinfo@upmc.edu if you are not currently participating with UPMC Health Plan for an agreement/application as soon as possible
- Network Managers will be in contact to assist with the contracting process
- Rate sheets will define payment methodology
- Claims testing opportunities will be provided

Training & Orientation

- UPMC Community HealthChoices will conduct education sessions leading up to implementation on 1/1/19 including, but not limited to:
 - On-Site Orientation Meetings with a Network Manager
 - Network Managers will begin contacting providers in July to offer assistance with the contracting process
 - Group Orientation Meetings beginning late Fall
 - Service Coordination training on InterRAI and person centered service plan development
- Collaboration with various State Associations for HCBS and NF providers
- Providers will be informed via mailings, email blasts, or, if appropriate, Association newsletters of upcoming events

Orientation Outline

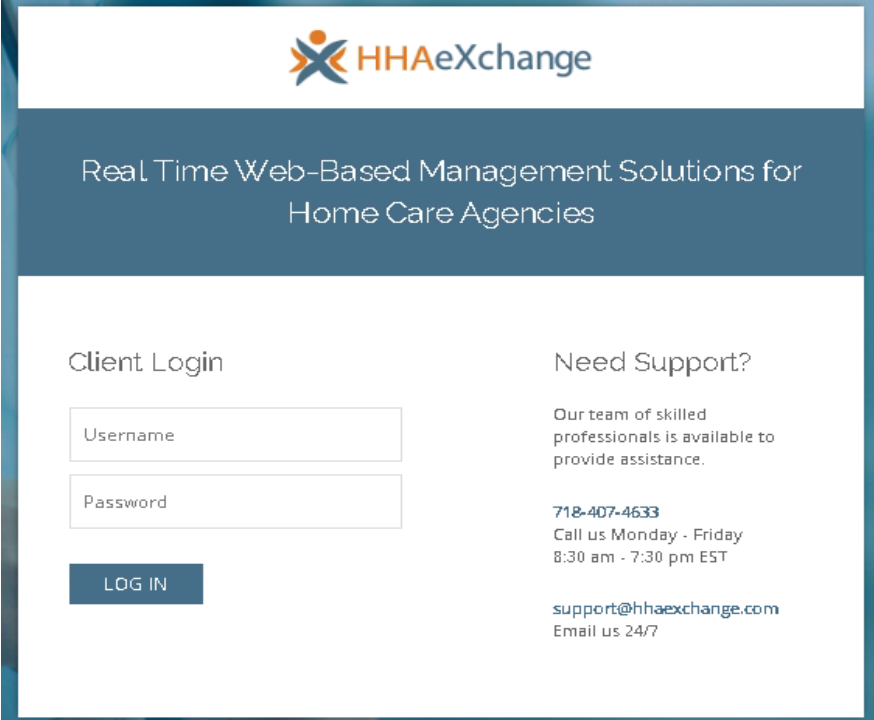
- UPMC – Introduction
- UPMC CHC Introduction
- Provider Rules/Regulations
- WebSite Review
- Provider Roles, Responsibilities, Standards
- Provider Communication Methods
- EIB/Enrollment
- Member Eligibility
- Service Coordination
- Medical Record
- Documentation
- Provider Status Change
- HIPAA
- Transportation
- Fraud, Waste and Abuse
- Provider Disputes
- Employee Management
- Incident Reporting
- Quality Management
- Claims Processing
- Resources

Presentation Methods:

- PowerPoint
- Hard Copy of Presentation
- Process Workflows
- Live Demo:
 - UPMCHP/CHC Website
 - Provider Manual
 - Provider Portal
 - HHA Referral/Claims Portal
- Presentation materials posted on secure HCBS Provider Portal

HCBS Claims Entry in HHAeXchange

- HCBS auths will be visible in HHA eXchange, include for service coordination
- Convenient portal for EVV, claims payment, and visibility
- May be integrated with your chosen EVV solution



The screenshot displays the HHAeXchange website interface. At the top, the logo features a stylized human figure with arms raised, followed by the text 'HHAeXchange'. Below the logo, a dark blue banner contains the text 'Real Time Web-Based Management Solutions for Home Care Agencies'. The main content area is divided into two columns. The left column is titled 'Client Login' and contains two input fields: 'Username' and 'Password', with a blue 'LOG IN' button below them. The right column is titled 'Need Support?' and contains the text 'Our team of skilled professionals is available to provide assistance.', the phone number '718-407-4633', the hours 'Call us Monday - Friday 8:30 am - 7:30 pm EST', and the email 'support@hhaexchange.com Email us 24/7'.

Service Coordination During Continuity

- SCs are required to use each MCO's system but we are exploring options to make the least disruptive impact
- We are especially cognizant of impacts of extensive training during a period of change and want to work with you throughout this process
- Continuity expectations:
 - This is an opportunity for us to build a relationship
 - We lack definitive data and experience working with each of you
 - Expect us to provide reporting early in the year to create a baseline
 - We will work with you on meeting quality expectations



Service Coordination in the Long Run

- UPMC Community HealthChoices will operate a “hybrid” model
 - We will have internal and external service coordinators
 - Continuity relationship will set the tone for ongoing collaboration
- External service coordination entities:
 - Will be ‘delegated’
 - Will be a part of the UPMC Community HealthChoices team with consistent:
 - Care model
 - Training
 - IT
 - Expectations

Physical Health Providers

- General benefits of being par-provider:
 - No referrals required
 - Ninety-five percent of electronically submitted claims paid in less than 14 days with an accuracy rate of 99 percent or higher
 - Limited prior authorization requirements
 - Physician support tools
 - Provider education and training opportunities
 - A primary care physician incentive program

Claims Payment

- We share the commonwealth's goals of assuring provider payment and no service disruption during the transition to Community HealthChoices
- Claims payment is our top priority and we will be spending much more time with each provider during our fall onsite meetings and through detailed trainings
- We have an electronic system for HCBS that contains the service authorization to expedite payment and assure we have clean claims
- Physical health claims will be processed in the same manner as today if you are a UPMC *for You* provider
- Nursing facility claims process will be similar to the UPMC process today and we will have more information to follow
- We work with most major claims clearinghouses, if you have specific questions, email hcproviders@upmc.edu

CHC Contacts

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Provider contracting and related inquiries:

chcproviders@upmc.edu

General questions:

chc@upmc.edu