

Community HealthChoices

O V E R V I E W



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

12%

49,759

Duals in Waivers

64%

270,114

Healthy Duals

16%

IN WAIVERS

20%

IN NURSING FACILITIES

420,618

CHC POPULATION

94%

DUAL-ELIGIBLE

18%

77,610

Duals in Nursing
Facilities

4%

15,821

Non-duals in
Waivers

2%

7,314

Non-duals in
Nursing Facilities

CHC SOUTHEAST POPULATION

23%

28,887

Duals in Waivers

56%

72,882

Healthy Duals

33%

IN WAIVERS

11%

IN NURSING FACILITIES

127,726

CHC POPULATION

89%

DUAL-ELIGIBLE

10%

12,456

Duals in Nursing
Facilities

10%

12,136

Non-duals in
Waivers

1%

1,365

Non-duals in
Nursing Facilities

CHC SOUTHEAST POPULATION

7%

9,479

Bucks County

4%

5,212

Chester County

69%

87,231

Philadelphia
County

10%

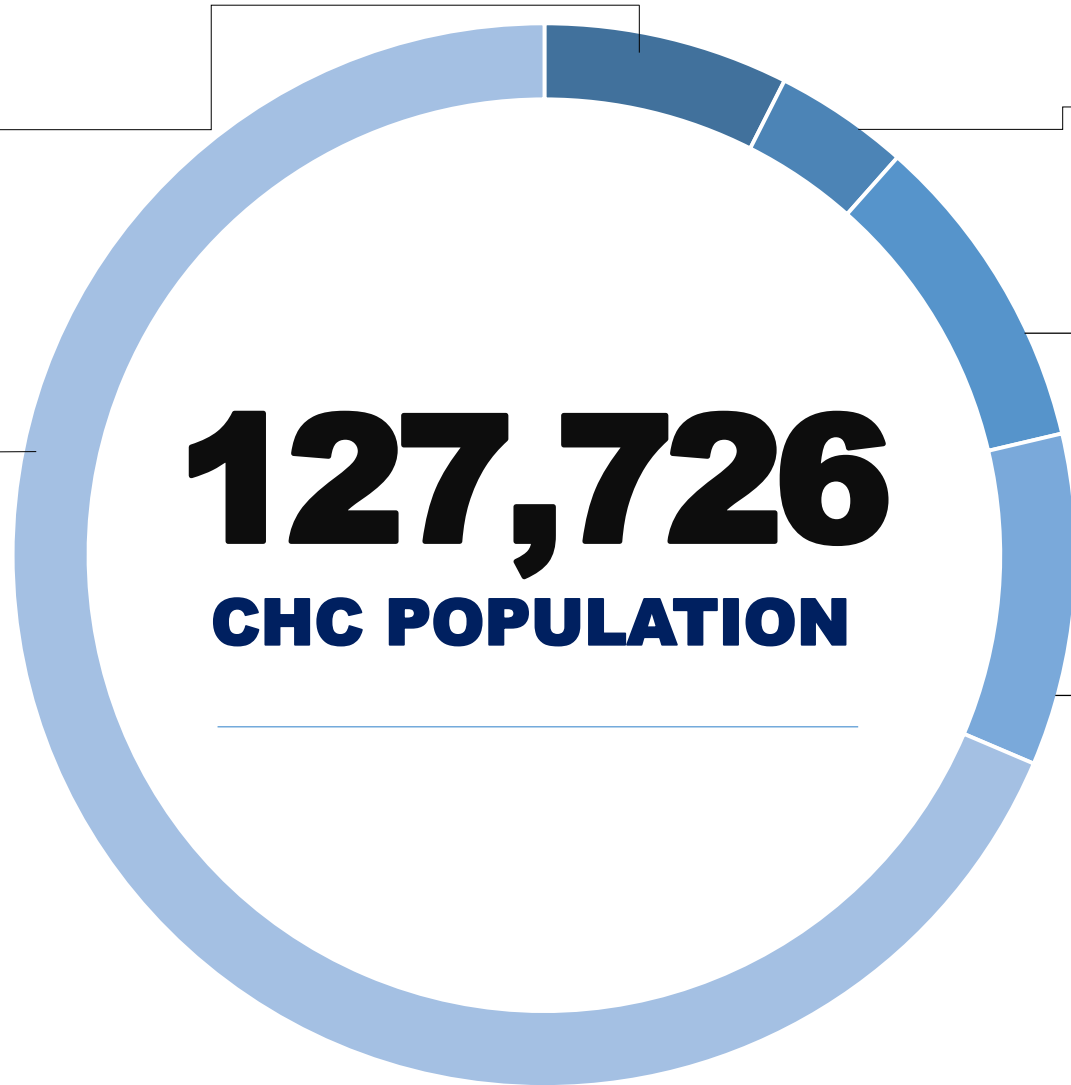
12,429

Delaware County

10%

12,826

Montgomery
County



127,726
CHC 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.

COVERED SERVICES

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.

COVERED SERVICES

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.

COVERED SERVICES

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 non-emergency 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.

COVERED SERVICES

FOR PARTICIPANTS WHO QUALIFY FOR LTSS:

- 32 home and community-based long-term services and supports including:
 - ✓ Employment services
 - ✓ Home adaptations
 - ✓ 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

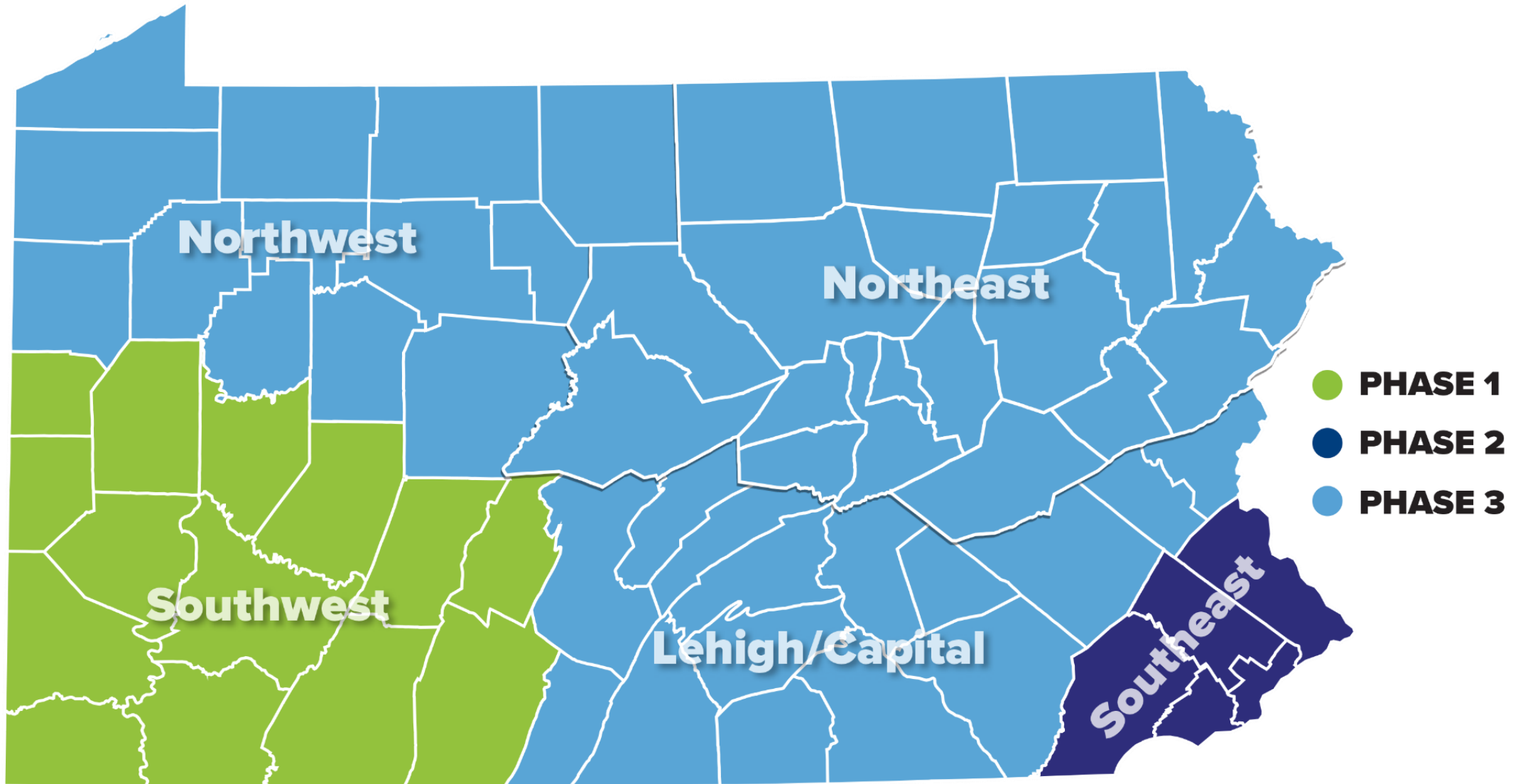
PRIORITIES THROUGH IMPLEMENTATION

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

HealthChoices - Commu... X
 www.healthchoices.pa.gov/providers/about/community/index.htm

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PROVIDER RESOURCES

What's New?
 Publications

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Community HealthChoices

READ CHC Question and Answer Document
VIEW CHC Publications

SUBSCRIBE for the latest CHC news

Related Topics

- Presentations
- Publications
- Supporting Documents
- Third Thursday Webinars

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are eligible for both Medical Assistance and Medicare (dual eligibles), older adults, and individuals with physical disabilities — serving more people in communities while giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. When implemented, CHC will improve services for hundreds of thousands of Pennsylvanians.

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](#)

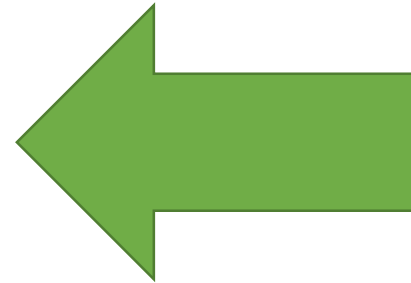
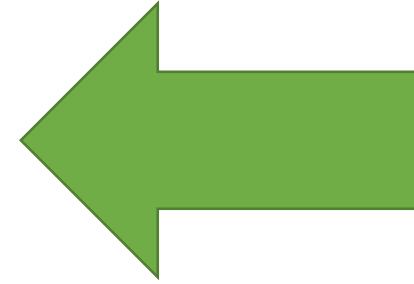
[Continuity of Care](#)

[Long-Term Services Guide](#)

[Adult Benefits Package](#)

[Behavioral Health Provider Update](#)

[Coordination with Medicare](#)



Community HealthChoices

****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: <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



QUESTIONS