

Community HealthChoices: A Practical Approach



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Pennsylvania's Goals for the Program

- Enhance opportunities for community based services.
- Strengthen healthcare and long term services and support delivery systems.
- Allow for new innovations.
- Promote the health, safety and well-being of enrolled participants.
- Ensure transparency, accountability, effectiveness and efficiency of the program.

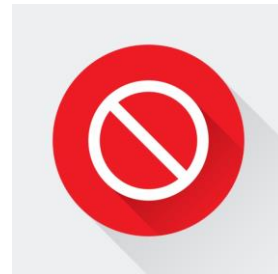
Before Negotiations

- Develop relationships
- Reach out to the MCOs
 - ▶ CHC-MCO CONTACT INFORMATION
 - Keystone First| <http://www.keystonefirstchc.com> - chcproviders@keystonefirstchc.com 1-800-521-6007
 - Pennsylvania Health and Wellness (Centene) | information@pahealthwellness.com www.PAHealthWellness.com - 1-844-626-6813 (TTY 1-844-349-8916)
 - UPMC Community HealthChoices | CHCProviders@UPMC.edu www.upmchealthplan.com/chc - 1-844-833-0523 (TTY 1-866-407-8762)
- Find the right internal representative-talk to a person!!
- Arm the negotiator with all the necessary information



Before Negotiations

- Do not:
 - Procrastinate
 - Sign whatever is sent
 - Fail to prepared
 - Spend a lot of time talking with people without authority to move "outside the box" if you have a priority issue



Due Diligence

- Be prepared
 - Know your market
 - Understand the provider network
 - Document costs
 - Demonstrate your value/your difference
 - Pick Your Battles
 - ▶ What are your most important issues?
 - ▶ What are your deal breakers?



CHC-MCO Templates

- Pa. Health and Wellness
 - Participating Provider Agreement
 - Attachment Medicaid Requirements
 - Schedule B Community HealthChoices



CHC-MCO Templates

- Keystone Family Health Plan
 - Ancillary Provider Agreement
 - Community HealthChoices Addendum



CHC-MCO Templates

- UPMCHP
 - Ancillary Provider Agreement
 - Amendment to UPMCHP Ancillary Provider Agreement
 - Nursing Facility Rate Sheet



General Concerns

- Definitions
 - Clean Claim and Medically Necessary
- Timeframes
 - Make sure they are workable
- Dispute Resolutions and Grievances
 - Unclear what the process is
- Not clear how processes are accomplished
 - PSAE Reporting
 - Medical Audit Processes
 - Abuse and Neglect Reporting



General Concerns

- Termination procedures conflict with the procedure when a CHC-MCO terminates a network provider as described by DHS and set forth in the "Community HealthChoices Agreements" between DHS and the CHC-MCO.
- The CHC-MCO must:
 - Notify the Department in writing 90 days in advance;
 - Submit to the Department a provider termination work CHC-MCO within 10 days of the notice to the Department;
 - Notify the resident 45 days prior to the effective date of the provider's termination;
 - Pay provider for up to 60 days or until alternative network provider begins to deliver same services; and provide an opportunity to appeal or dispute the determination.



General Concerns

- Other Parties – be sure that the MCO is specific
 - Affiliates
 - Subcontractors
 - IDS partners
- Compensation Schedule does not list the CHC-MCO required reimbursements
- **Health Plan Requirements as set forth in the CHC MCO Agreement with DHS are NOT ENUMERATED**



Regulatory Compliance

- **Do** understand your regulatory responsibilities:
 - Expect regulatory language related to:
 - ▶ Exclusions
 - ▶ Privacy and confidentiality
 - ▶ Stark and Anti-kickback
 - ▶ OAPSA/APSA
- **Don't:**
 - Agree to contractual terms that:
 - ▶ Are more strident than the actual regulation or other requirement
 - ▶ Are not your responsibility
 - ▶ Require you to agree to something you can't control

Down To Business

- Read incorporated materials carefully
 - ▶ Look for “incorporated by reference,” “you will be required to comply with” . . .
 - ▶ Beware of references to other documents outside of the contract (or online) that may change without notice
- Don’t fail to read reference material

Down To Business

- Familiarize yourself with the Provider Manual/Handbook
 - ▶ Identify how it is amended by the MCO-do you have any opportunity to object to substantive changes
 - ▶ Understand that the Manuals are not really subject to negotiation but raise concerns
 - ▶ Read the Definitions section
 - ▶ Realize that how terms are defined affects the entire agreement
 - ▶ Raise concerns about inaccurate terms

Procedures

- ✓ Review your admissions and discharge procedures.
- ✓ Compare this to what is required under the MCO proposed contract.
- ✓ Identify the roles of you, the MCO, the service coordinator. Who are the primary contacts?
- ✓ Don't wait until you are admitting or discharging a resident to discuss.
- ✓ Credentialing – Rely on the Federal and State Medicare and Medicaid and other provider participation standards.



Procedures

- **Documentation-tracking and Reporting**
 - ✓ Check what is required
 - ✓ Ask where the templates/forms are
 - ✓ Do think about how this documentation fits into your current business processes
 - ✓ Don't expect uniformity across payors
 - ✓ Always check the workability of notice and timeframes



Procedures

- **Billing**

- ✓ Identify how things will change
- ✓ Question whether there are checks and balances
- ✓ Understand how you will address any disputes
- ✓ Don't wait for a problem to understand the process
- ✓ If at all possible, volunteer to be part of the testing process



Procedures

- **Payment**

- ✓ Clarify important timing issues.
- ✓ Assure that you are working from the same definitions (e.g. clean claims, prior authorizations).
- ✓ Assess the co-insurance, patient pays and deductibles processes, if any.
- ✓ Assess resident impact.



COMMUNITY HEALTH CHOICES CONTRACT PROVISIONS CHECKLIST

- Requirements
 - Performance
 - Compensation
 - Reporting
 - Continuity of Care
 - Termination, Suspension, notice requirements
 - Changing Acuity
 - Legal issues-liability, Governing Law, Assignment, Amendment...



COMMUNITY HEALTH CHOICES CONTRACT PROVISIONS CHECKLIST

- Specifics about what to ask
 - Questions related to policies and procedures
 - Bed Hold and Therapeutic Leave
 - Dual eligibles
 - Hospice, Respite
 - Supplemental Payments
- Responsible Parties
- Check off
- https://www.phca.org/wp-content/uploads/2017/10/CHC_Contract_Provisions_Checklist_08012017.pdf

Priority Issues

- Enrollment
- Ensuring timely payments to nursing facilities
- Transportation
 - ▶ The CHC-MCO must provide all Participants with Medically Necessary emergency ambulance transportation and Medically Necessary non-emergency ambulance transportation.
 - ▶ The CHC-MCO may provide non-medical transportation to other Participants at its own discretion and own cost.



Priority Issues

- CHC-MCO Service Coordinator
 - How to integrate them into existing care planning process
 - ▶ Procedures
 - ▶ Contacts
 - Prior Authorizations, etc.
- Ensuring that MCOs understand the complexities of nursing facility billing
 - Patient pay
 - Medicare
 - Penalty periods, etc.



Enrollment in CHC-MCO

- Role of IEB
 - Responsible for educating, answering questions, discussing options and providing decision making support for selection of a plan

- Role of NF-Choice Counseling
 - Educate residents and families
 - Cannot make recommendations or steer residents to a certain plan



Auto Enrollment Criteria

- First, if on the Enrollment Date the individual is residing in a NF that is a network provider in only one CHC-MCO, the individual will be enrolled in that CHC-MCO.

- Second, if the individual is enrolled in a D-SNP, the individual will be enrolled in the CHC-MCO that is aligned with that D-SNP.

- Third, if the individual is transferring from HealthChoices and is a member of a Physical Health HealthChoices MCO that is a CHC-MCO, the individual will be enrolled in that CHC-MCO.

- Last, if the individual's PCP is a network provider with only one CHC-MCO, the individual will be enrolled in that CHC-MCO.



Training

- Online Training For NF Staff available
- Network providers
 - Primary Care Physician
 - Ancillary providers
 - Nursing facility
 - Pharmacy
 - Etc.



Who Pays

- MA pending
 - Physical HealthChoices admission
 - Medicare or Private pay admission – spend down
 - CHC-MCO admission from community



Nursing Facility Payments

- DHS cannot direct payments- All part of CHC-MCO Contracts
 - Disproportionate Share Payments
 - Ventilatory/Trach Supplemental Payments
 - Assessment Supplemental Payments
 - ▶ Appendix 4

- Legislative authorized payments
 - HAI Surcharge
 - MA Day One Incentive Payments



Covered Services

- Covered Services — Services which the CHC-MCO is required to offer to Participants as specified in Exhibit A of the CHC-MCO Agreement.

- The CHC-MCO must provide Medically Necessary PH services and LTSS in accordance with the requirements of the CHC MCO Agreement with DHS.

- The CHC-MCO must require that Medical Necessity determinations of Covered Services be documented in writing. For NF care, this is the Assessment.



Covered Services

- The CHC-MCO must establish a program exception process, reviewed and approved by the Department, whereby a Provider or Participant may request coverage for items or services, which are included in the Participant's benefit package but are not currently listed on the MA Program Fee Schedule.
- The CHC-MCO may provide Expanded Services or Value-Added Services with prior written approval by the Department. Best practice approaches to delivering Covered Services are not Expanded Services or Value-Added Services.



Referrals And Covered Services

- The CHC-MCO must establish and maintain a referral process to effectively utilize and manage the care of its Participants.
- The CHC-MCO must provide coverage of prescription and OTC medicines for Dual Eligibles that are not otherwise covered by a Medicare Part D prescription drug plan.
- The CHC-MCO is responsible for Emergency Services including those categorized as mental health or drug and alcohol services.
- The CHC-MCO must cover Post-Stabilization Services.



Covered Services

- The CHC-MCO must provide Participants under evaluation as possible victims of abuse or neglect and who present for physical examinations for determination of abuse or neglect, with such services.
- The CHC-MCO must provide Hospice and use certified Hospice Providers in accordance with 42 C.F.R. Subpart G.
- The CHC-MCO must pay for transplants to the extent that the MA FFS Program pays for such transplants.



NF Services

- The CHC-MCO is responsible for payment for Medically Necessary NF services, including bed hold days and up to fifteen (15) days per hospitalization and up to thirty (30) Therapeutic Leave Days per year if a Participant is admitted to an NF or resides in an NF at the time of Enrollment.
- The CHC-MCO must, in coordination with the Department, monitor for completion of all NF-related processes, including but not limited to: PASRR process, specialized service delivery, Participant's rights, patient pay liability, personal care accounts, or other identified processes.



Resources

- **PHCA** <https://www.phca.org/>
- **DHS ListServ – sign up!!**
- **DHS Website**
<http://www.healthchoices.pa.gov/info/about/community/>
- **Third Thursday Webinars**
<http://www.healthchoices.pa.gov/info/resources/publications/community/third-thursday-webinars/index.htm>
- **Cindy Haines, Post & Schell, P.C.**
 - chaines@postschell.com
 - 717-612-6051

