

Community HealthChoices Update

February 5, 2020

Presented by:

Alissa Halperin, Esq.

Diane Menio

Pam Walz, Esq.

CHC Overview

- CHC is Pennsylvania's mandatory managed care program that transforms how care is paid and provided (previously Fee-for-Service).
- Includes adults with both Medicare and Medicaid regardless of whether they need LTSS, and those with Medicaid only and in need of LTSS.
- MCOs administer MA LTSS (nursing home care and waiver services)
- Three statewide CHC-MCOs: AmeriHealth Caritas CHC/Keystone First CHC, Pennsylvania Health and Wellness (Centene), and UPMC Community HealthChoices.
- CHC is NOT HealthChoices!
- LIFE programs are not part of CHC. Consumers can choose LIFE as an alternative, if available in their zip code and if they meet program criteria.

CHC-MCOs

- AmeriHealth Caritas Community HealthChoices

1-855-235-5115

(TTY: 1-855-235-5112)

www.amerihealthcaritaschc.com

Keystone First CHC (AmeriHealth called Keystone CHC in SE Zone)

1-855-332-0729

(TTY: 1-855-235-4976)

www.keystonefirstchc.com

- PA Health & Wellness

1-844-626-6813

(TTY: 1-844-349-8916)

www.PAHealthWellness.com

- UPMC Community HealthChoices

1-844-833-0523

(TTY: 1-866-407-8762)

www.upmchealthplan.com/chc

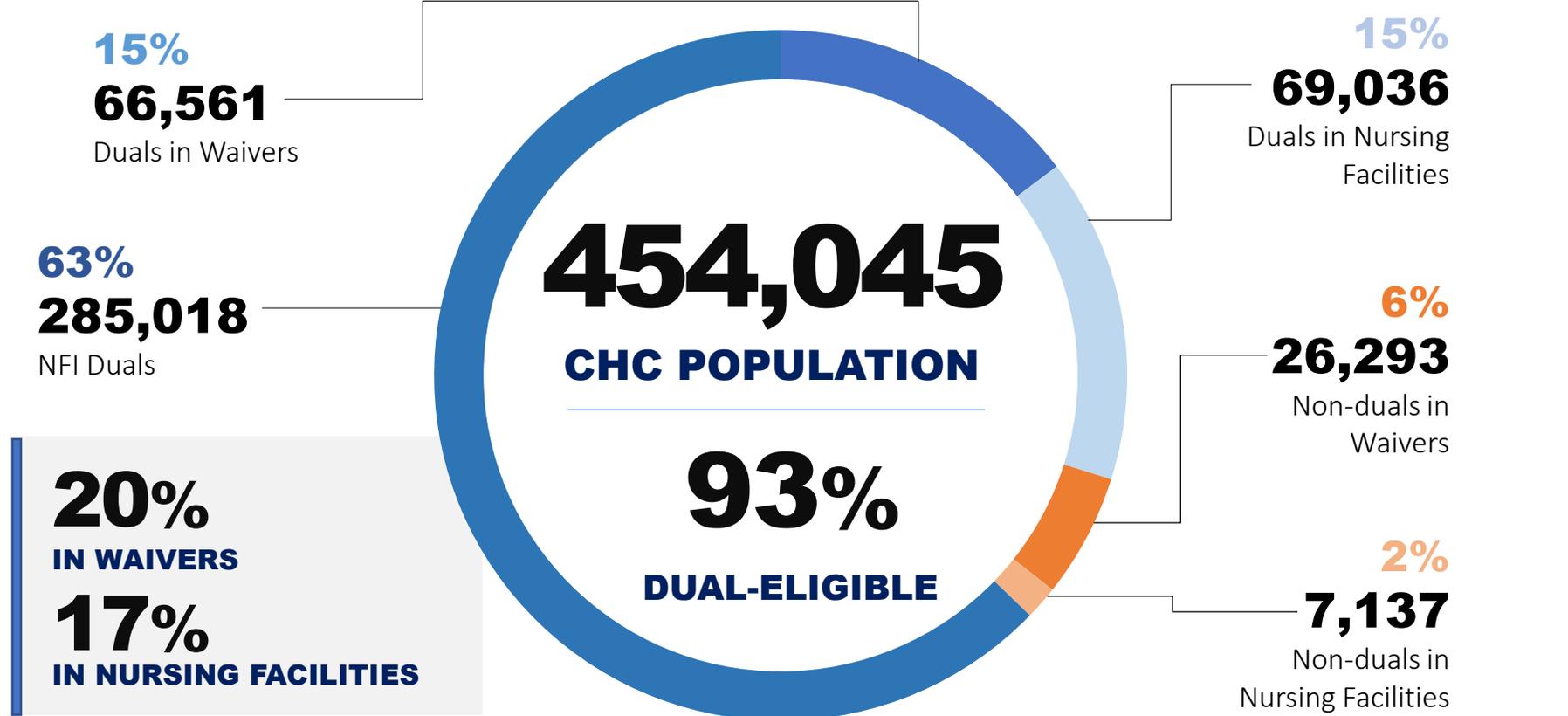
Who is included in CHC?

People who are 21 years old and older and:

- Have both Medicare and Medicaid (often called “dual eligibles”); or
- Receive Medicaid funded LTSS, including nursing home care

Not included: LIFE participants; residents in state veterans’ homes; and, those considered “Partial duals” i.e., those in Medicare Cost Sharing Programs: QMB (Qualified Medicare Beneficiary); SLMB (Specified Low-Income Medicare Beneficiary) and, QI-1 (Qualifying Individuals Group 1).

CHC STATEWIDE POPULATION



Timeline - Rollout in 3 Phases

- Five CHC zones same as 5 HealthChoices zones.
- Phase One - January 2018 in Southwest zone (14 counties).
- Phase Two – January 2019 in Southeast zone (5 counties: Bucks, Chester, Delaware, Montgomery, and Philadelphia).
- Phase Three – January 2020 in the Northwest, Lehigh/Capital, and Northeast zones. (remaining 48 counties).

Managed Care Characteristics

Pennsylvania has now completed the transition of its LTSS system from a Fee-For-Service System to a Managed Care System.

Managed Care differs from FFS in many ways:

- Payments
- Benefits Package
- Provider Network
- Formulary
- Gatekeeper Function
- Capitated Payment
- Service Area
- Risk

Managed Care for LTSS

- Managed Long-Term Supports and Services (MLTSS) is a Medicaid managed care model that states have been recently adopting.
- Medicaid MLTSS differs from current Medicaid HCBS Waiver systems in that:
 - HCBS Waiver services become part of the managed care service package and are provided based on individual needs and outcomes, not target group
 - MCO assumes risk for providing all services within total capitation payments while meeting quality and performance standards set in contract

Managed Care citations

Managed Care, generally:

- Federal Law –
 - HMO Act of 1973
 - Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)
- State Law –
 - Act 68 of 1998

Medicaid Managed Care, specifically:

- Federal Regulations at 42 CFR 438 govern Medicaid Managed Care

Community HealthChoices, specifically:

- CHC Agreement between DHS/OLTL and each plan

Benefits

- The relationship between Medicare and Medicaid is confusing and complicated, causing ongoing challenges for CHC participants with Medicare.
- All stakeholders agree that home modifications are not working well. At a recent CARIE forum, MCOs stated they are talking with stakeholders about “pain points” to help improve process. This is a key area of OLTL monitoring.
- OLTL has been very responsive to resolving issues and complaints brought to its attention when they have specific case information.
- Big question – Will CHC MCOs focus on the medical model and medical necessity versus the social model and the participant’s goals and quality of life?
- Can Pennsylvania avoid the “cautionary tales” or pitfalls experienced in other states?

Behavioral Health Services

- This is a new benefit not being accessed. Missed opportunity for better behavioral health care.
- Behavioral HealthChoices MCOs expanding networks but not clear how many providers will visit participants' homes or those in nursing facilities.
- CHC-MCOs are required to coordinate behavioral health care. Medicare continues to pay first.
- Help spread the word about this new benefit.

Participant Directed Service

- Participant Directed Services are offered by CHC-MCOs.
- Both Consumer-Employer model and Services My Way (budget authority) model are offered.
- MCO must coordinate with Financial Management Service. Current vendor is PPL (Public Partnerships).

Transportation

- Usual transportation problems continue but no worse under CHC in Southeast region – significant problems were identified in the Southwest and it is expected that the recent rollout will be challenging.
- All CHC-MCOs use transportation brokers to help with coordination.
- Direct Care Workers often provide transportation in rural areas. OLTL evaluating ways to sustain these informal transportation supports.
- CARIE's transportation advocate can help with any transportation problem or mobility management need.

Independent Enrollment Broker (IEB)

- Due to problems with various service coordination agencies, some homebound participants did not understand what was happening and did not get needed support to make informed choices during the transition.
- Some participants do not know their rights or understand how the program works. (e.g., some are unfamiliar with using managed care.)
- A positive change in the enrollment process was implemented statewide on September 3. The IEB now schedules an up-front intake visit with applicants within seven days of the initial contact. The IEB reviews the enrollment process, assists with completing the PA 600L, and provides choice counseling.
- OLTL plans to procure a new IEB contract and enhance services provided by the IEB. Maximus will continue to be the vendor during the new bidding process.

CHC Enrollment

- During transition, the lack of signed provider contracts and constantly changing provider networks made it challenging for CHC plan selection even for those who were following OLTL's instructions.
- Some major provider contract issues:
 - Penn Medical and UPMC do not have a contract
 - A long delay for negotiation of contract between Temple and PA Health & Wellness.
- At the beginning, many participants, providers and others were confused about plan names (e.g., Keystone First CHC, Keystone First, and Keystone First VIP Choice).
- Participants with Medicare and Medicaid coverage enrolled in CHC but later need LTSS, must go through an additional enrollment process to get LTSS (i.e., for financial and clinical eligibility determination). Two plans provide "bridge" services to help while beneficiaries wait for approval.

Functional Eligibility Determination (FED)

- The average number of days to schedule and complete a FED assessment is 3.4 days.
- Advocacy resulted in adding a question to the FED tool about veteran's status and dropdown box has been added with more gender options than the three current choices (these gender options will be added to full InterRAI tool as well.)
- After the FED was initiated, there was a major delay (months) in appeal notices for adverse decisions. Backlogged notices have now been sent.
- At this point there is not enough data to know if the FED is an accurate tool for determining NFCE. There are concerns about the use of an algorithm and a three day look back period and whether this can accurately assess those with cognitive impairment.

Continuity of Care for LTSS

- MCOs cannot reduce or eliminate services without first completing a Comprehensive Needs Assessment.
- Participants can appeal any adverse decision and should utilize free legal services for any appeal.
- Early in the year, many Medicare providers were not familiar with UMPC CHC or PA Health and Wellness and were confused about the difference between Keystone First and Keystone First CHC.
- LTSS providers are having contracts terminated or they are self-terminating contracts. Some LTSS providers are concerned about not getting referrals – e.g., adult day programs have been impacted. Provider networks may be impacted.

Service Coordinators (SC)

- There are many service coordination issues including:
 - difficulty in reaching service coordinators by phone
 - confusion about who is their service coordinator or where to call
 - high turnover of service coordinators
 - inadequately trained service coordinators.
- Questions as to whether consumers have informed choice:
 - Reports of that CHC-MCOs are providing lists of names but little opportunity to interview SCs for appropriate match require consumer advocacy.
- Service coordination agencies are being terminated or self-terminating.
 - At the end of the continuity of care period in the SE, Keystone First CHC terminated 20 out of its 23 SC contracts, impacting over 20,000 consumers in SEPA.

Nursing Homes

- At a forum in November, questions and feedback from residents made it clear that operationalization of CHC is still a mystery for many residents, including:
 - Identity/contact info of service coordinator – NH Social Workers unaware
 - MCOs were receptive to providing facilities with contact information of service coordinator(s) assigned to facilities to help better facilitate connection
- Common NHT barriers still exist including:
 - Lack of housing particularly accessible housing
 - Past rental history.
 - Discharge to “shared care homes”

Nursing Homes and BH

- Community Behavioral Health (CBH) in Philadelphia reports difficulty in forging partnerships with local nursing facilities.
- As of January 2020, they have relationships with just 7 facilities with 3 more in talks.
- Key to successful outreach has been the emphasis on no-cost Mental Health First Aid Certification for employees offered by CBH, in addition to services available to MA residents.

Medicare

- Participants are confused about whether they can continue to see their Medicare doctors without a CHC MCO contract.
- Confusion as to whether participants could use their Medicare PCP if not in CHC's plan network as PCP for Medicaid services (important for the ability of ordering, referring and prescribing Medicaid only services).
- Some consumers experienced problems accessing their Medicare providers.

Complaints & Grievances

- OLTL is developing a Beneficiary Support System to be included in IEB RFA but no plans for independent ombudsman.
- CHC participants in nursing facilities, assisted living, personal care, adult day, and Domiciliary Care have access to the Long-Term Care Ombudsman Program.
- There continues to be a need for an independent CHC ombudsman for all participants to help navigate CHC and LTSS, educate about rights, and resolve complaints.
- It is vital for CHC participants and applicants to have legal representation for appeals and hearings.

Current problems

- Delays in starting LTSS
 - Plans required to have Comprehensive Needs Assessment completed within 5 days and to have Person Centered Service Plan (PCSP) in place within 30 days.
- Service coordinators failing to provide participants with copies of their PCSP.
- Uneven performance in providing written notice notifying participants of service denials or reductions.
 - When notices are issued, they sometimes provide inaccurate or inconsistent information about level of service and/or reasons for the decision.

Use of time and task tools

- Tools which calculate amount of personal assistance services (number of hours) based on information about participant's needs inputted into InterRAI assessment instrument.
 - All three CHC MCOs are using these.
- Time and task tool output cannot be sole basis for determination of type/amount of services in PCSP
 - Requirement that service planning process be person-centered
- MCOs have balked at providing the tools and in some cases, even the results, in discovery for grievance hearings.

Grievance and appeals process issues

- Failure to timely written notice of denial/reduction/termination of services.
- Failure to provide participants and their representatives with internal documents related to the subject of grievance.
 - CHC Agreement and federal regulations require MCO to provide “access to all relevant documentation pertaining to the subject of the Complaint or Grievance free of charge and sufficiently in advance of the time frame for resolution of the Complaint or Grievance.”
 - In addition to Time and Task Tools and their results, MCOs have also failed to provide internal communications about the denial, policies defining service eligibility.

Current appeal processing problems with Amerihealth/ Keystone

- Failure to provide Aid Paid Pending
 - MCOs are required by federal regulation and constitutional due process requirement to continue to provide current level of services for participants who file appeals of PAS reductions within 10 day window.
- Problems with Grievance Scheduling Procedures
 - Failure to acknowledge receipt of Grievance in writing.
 - Lack of at least 7 days advance notice of Grievance review date.
 - Failure to hold Grievance review and issue written decision within 30 days.
- Failure to Timely Send Grievance Decisions
- Barriers to filing Grievances or requesting External Review.

Stakeholder Engagement

- CHC Advisory Committee – MLTSS SubMAAC holds monthly meetings and public can attend or participate by webinar.
<http://dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/index.htm>
- [Third Thursday Webinars](#): OLTL conducts webinars every month about CHC and answers questions from the public.
- DHS E-mail Communications: go to the ListServ Archives page at <http://listserv.dpw.state.pa.us> to sign-up to get MLTSS Subcommittee and CHC information. Select MLTSS-MEETING-MINUTES and/or OLTL-COMMUNITY-HEALTHCHOICES
- CHC Mailbox: OLTL maintains a mailbox at RA-PWCHC@pa.gov that stakeholders can use to ask questions or make comments about CHC.
- CHC-MCO Participant Advisory Committees (PACs): Each CHC-MCO must create a PAC. (See CARIE's [Advocacy Journal](#).)

CARIE

To Get Help or Information Contact:
215-545-5728 or 1-800-356-3606

www.carie.org

CHC Resources on CARIE's website at www.carie.org/chc. Be sure to sign-up for CARIE's Advocates Alliance/Grapevine e-newsletter!

To Sign-Up for CARIE's Newsletters visit:
www.carie.org and enter email at bottom of page.



COMMUNITY LEGAL SERVICES OF PHILADELPHIA

- Free legal advice and/or representation in civil matters for low-income Philadelphia residents.
- www.clsphila.org
- Offices located at:
 - 1410 W. Erie Ave., Philadelphia (215) 227-2400
 - 1424 Chestnut Street, Philadelphia (215) 981-3700
- Intake for CHC issues is handled at the 1410 W. Erie Ave. office
 - Intake hours for CHC issues are Monday and Wednesday, 9:00 – 12:00

Other Resources

- CARIE: 215-545-5728 or 1-800-356-3606 and www.carie.org
- CARIE CHC Webpage: www.carie.org/chc
- DHS' CHC Consumer Website: <http://www.healthchoices.pa.gov/info/about/community/>
- DHS' CHC Provider Website:
<http://www.healthchoices.pa.gov/providers/about/community/index.htm>
- CHC Consumer Information and Plan Enrollment (IEB's website): <https://www.enrollchc.com/>
- OLTL Waiver Enrollment: <https://paieb.com/>
- OLTL Participant Hotline: 1-800-757-5042
- APPRISE Hotline: 1-800-783-7067
- Behavioral HealthChoices: www.healthchoices.pa.gov/info/about/behavioral