

Overview of CHC: What Does it All Mean?



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What is Community Health Choices?

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- CHC is a new Medicaid managed care program for certain people currently on Medicaid
- CHC will deliver and pay for Medicaid physical health and long-term services and supports (LTSS) coverage
 - LTSS is a new term that includes the various services people currently get at home through Waiver programs or in a nursing home
 - Not all people moved to CHC will get LTSS – will need to be clinically eligible

CHC – 3 Managed Care Plans

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- The state chose 3 plans to deliver services under CHC across the state:
 - **AmeriHealth Caritas**
 - **PA Health & Wellness**
 - **UPMC Community HealthChoices**
- CHC Benefit package
 - Medicaid physical health coverage-all members
 - LTSS coverage-only members who are determined eligible
- DHS/Office of Long Term Living will pay CHC plans and monitor them

Who is Impacted by CHC?

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Adults 21 and older who:

- have Medicare and Medicaid/ “dual eligibles” (with some exceptions)
- are receiving LTSS through the Aging Waiver, Attendant Care, Independence, CommCare
- are receiving LTSS through the OBRA waiver unless they were NOT determined nursing facility clinically eligible (NFCE)
- are in a nursing home paid for by Medicaid

CHC and Duals Not Getting Long Term Care

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- People with both Medicare and Medicaid must move to CHC unless:
 - Under 21
 - Receiving services or on waiting list for services from:
 - ✦ Adult Autism Waiver
 - ✦ Consolidated Waiver
 - ✦ Person/Family Directed Supports Waiver (P/FDS)
 - Enrolled in LIFE program
- Dual eligibles in OPTIONS or ACT 150 will be moved to CHC for their Medical coverage only
 - Continue to get OPTIONS/ACT 150 services as they do now

What is Changing Under CHC?

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- CHC delivers and pays for Medicaid and long-term care coverage
 - Currently, Medicaid health insurance is separate from long-term care coverage (Waivers and Nursing Home Care)
 - Medicaid behavioral health remains “carved out”
- CHC will change how those in target population get their **Medicaid** physical health coverage and who pays providers
 - Most people moving to CHC, Medicaid is second coverage; Medicare is first
 - **CHC does not change Medicare**
- For those individuals getting Waiver services or in a nursing home, CHC changes who delivers and pays for these services
 - CHC plans will be responsible for developing provider network and paying providers
 - CHC plans will be responsible for approving service plans

What Isn't Changing Under CHC?

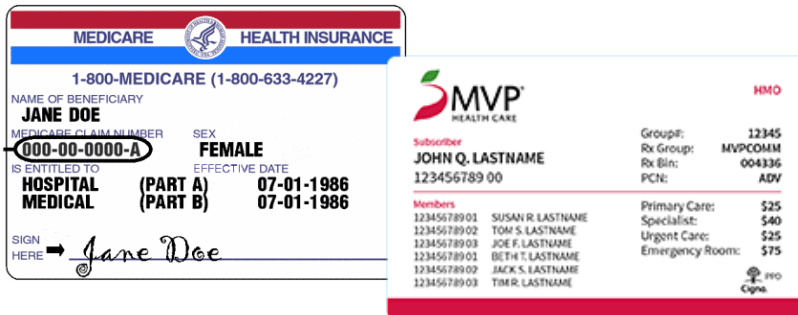
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- Medicare coverage
- Eligibility for Medicaid health insurance/long-term care
- LIFE Program– continues to exist as alternative to CHC for those 55 and older
- Autism/Intellectual Disability Waivers
 - Adult Autism
 - Consolidated or Person/Family Directed Supports
- OPTIONS/ACT 150
 - Not Medicaid programs; state-funded programs
 - Provide in-home services to people not eligible for the Aging or Attendant Care Waiver

CHC and Duals Not Getting Long Term Care

MEDICARE

CHC DOES NOT CHANGE MEDICARE!



- Primary Insurance
- Pays for most health care services
- Pays for prescription drugs
- Although CHC plan will offer a companion Medicare plan, **enrollment is not required!**

MEDICAID

CHC DOES CHANGE MEDICAID!



- CHC plan pays second to Medicare
- If service isn't covered by Medicare, then CHC plan is only coverage
- CHC plan covers same medical services ACCESS card covers now

CHC Plans and Medicare Special Needs Plans

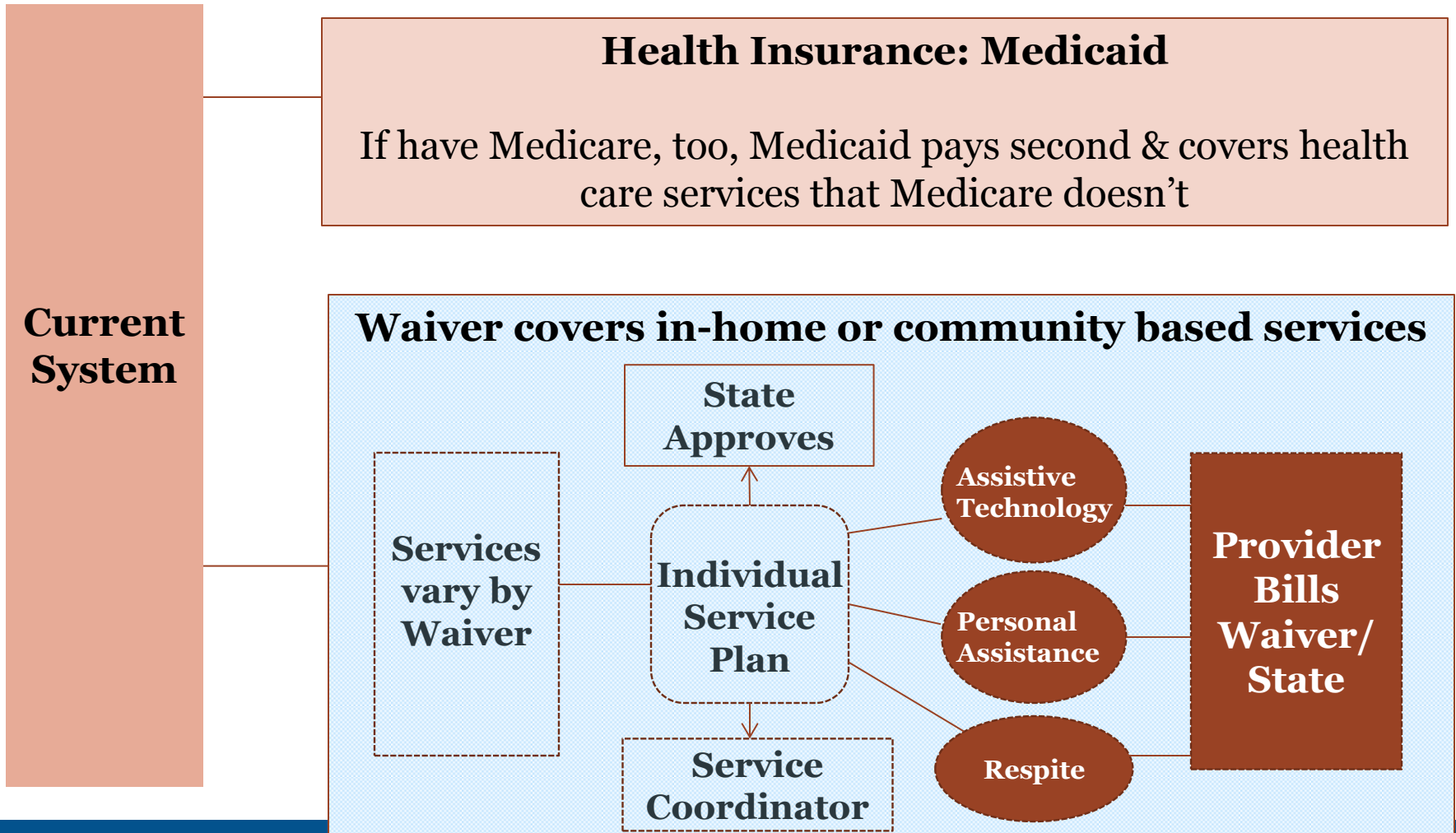
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OLTL has required each of the CHC plans to also have a “companion” Medicare Special Needs Plan

This requirement is on the CHC plans and NOT on the consumer

Consumers are NOT required to join any Medicare Special Needs plan including their CHC’s companion plan – if consumers are happy with original Medicare or their Medicare plan –they are free to stick with what is working for them.

Current System for People in Waivers



CHC for People in Waivers

**Under
CHC**

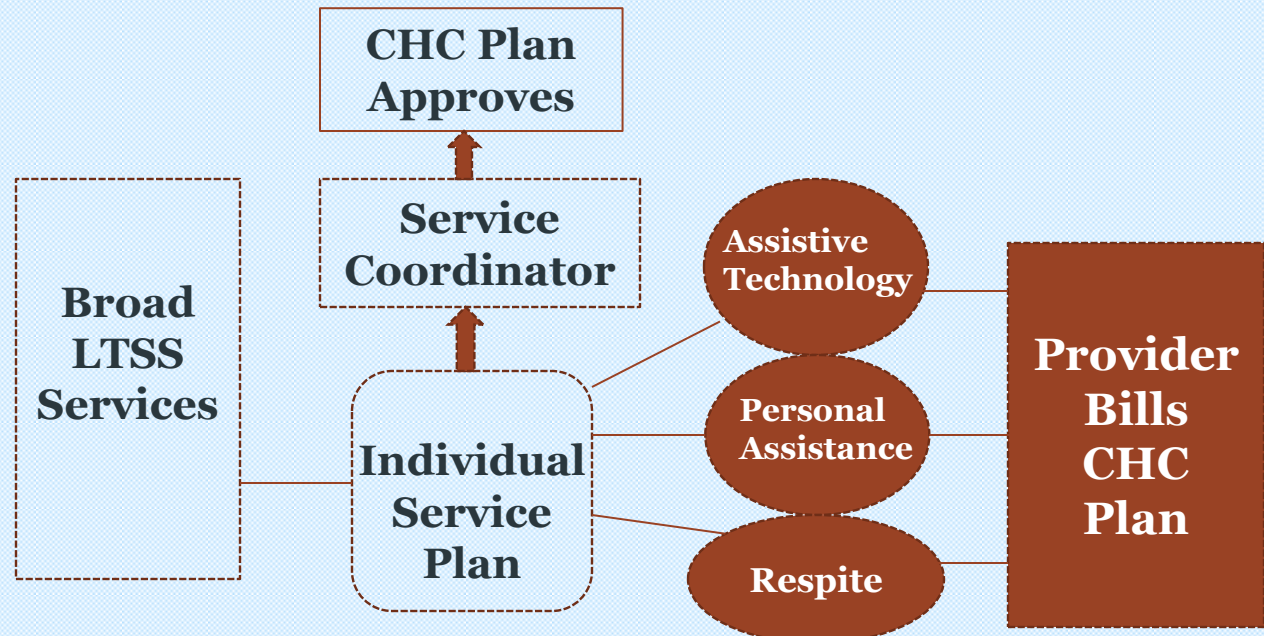
Health Insurance: Medicaid

If have Medicare, too, Medicaid pays second & covers health care services that Medicare doesn't

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Long Term Services and Supports

**CHC
Plan**



CHC for People in Waivers

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- Participant direction still available for some services
- For first 6 months, CHC plan must pay for current Waiver services
 - At same level
 - From same provider
 - This includes Service Coordination
 - Participant can request additional services from their CHC plan during this 6 month continuity of care period but the plan must otherwise pay for exactly what had been approved by OLTL

CHC for Nursing Home Residents

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All nursing home residents on Medicaid are in -- unless they live in a state-operated nursing facility, including state veterans' homes

Current System	CHC
State pays Nursing Home	CHC Plan pays Nursing Home
Nursing Home responsible for meeting residents' needs	Nursing Home responsible for meeting residents' needs: Service Coordinator involved, too
Use Medicaid coverage if need medical care not provided by NH (if on Medicare, that pays first)	Use CHC coverage if need medical care not provided by NH (if on Medicare, that pays first)
NH resident not in BH-MCO	NH resident in BH-MCO

CHC for Nursing Home Residents

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- If someone is in a Nursing Home, on Medicaid, **and** moved to CHC on January 1, 2018, any CHC plan that person gets must pay their nursing home
 - For as long as the resident wants to stay at the nursing home
 - For as long as the resident needs nursing home level of care

CHC Implementation Problems

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- Many people still have not received their CHC plan ID card – this is primarily people who chose or where auto assigned to UPMC Community HealthChoices. Can still call the plan to get their ID numbers if they need to access care.
- Consumers card shows no PCP when they selected one or it shows a different PCP than the one they chose.
- Consumers understandably confused generally about the changes.

CHC Implementation Problems

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- Consumers are having problems accessing their medical providers – providers saying they do not accept their CHC plan.
- Consumers calling their plans and getting incorrect information such as being told there is a 180 day continuity of care period for medical services when that only applies to LTSS.
- A DHS system “glitch” caused 400 people in Southwest to be enrolled in a CHC plan before they actually had Medicare in addition to Medicaid.

Important Contact Information

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Maximus – Independent Enrollment Broker
1-844-824-3655 or www.enrollchc.com

Consumers should call Maximus if:

- they do not know what plan they are enrolled in
- their selected plan is not the plan they got put in
- they want help figuring out which plan/s cover their medical providers
- they want to change their plan
- they want to apply for LTSS either at home or in a nursing home

Important Contact Information

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CHC Plans

Amerihealth Caritas 1-855-235-5115

PA Health & Wellness 1-844-626-6813

UPMC Community HealthChoices 1-844-833-0523

Consumers should call their CHC plan when they:

- ✓ did not get a plan ID card
- ✓ want to change their PCP
- ✓ want a member handbook
- ✓ need help getting medical care or LTSS
- ✓ need help finding providers
- ✓ have questions about what is covered
- ✓ want information on how CHC works with their Medicare
- ✓ are being billed more than the small CHC/Medicaid co-pay for services

Important Contact Information

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OLTL Participant Hotline 1-800-757-5042

Consumers should call this number if:

- ✓ they have problems with or complaints about their CHC plan, Maximus, or getting services from their current providers that their plan didn't address
- ✓ they receive LTSS at home and their CHC plan tries to change, reduce or end their services during the 180 day continuity of care period
- ✓ they are a nursing home resident and having problems accessing the care they need within or outside of the facility

Important Contact Information

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DHS Customer Services 1-877-395-8930

Consumers should call this number if:

- ✓ they are in the target population but have not received any information on CHC
- ✓ they were enrolled in CHC but are not in the target population
- ✓ they were told by a provider they no longer have Medicaid
- ✓ they have moved and need to notify Medicaid of their change of address

Important Contact Information

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Consumers can contact PA Health Law Project when:

- Maximus, their CHC plan or the OLTL Participant Hotline did not address their problem or answer their questions
- their CHC plan has denied medical services or LTSS
- they are having problems with Maximus when applying for LTSS
- they applied for LTSS and were denied

PHLP Helpline: 1-800-274-3258

Questions?

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- Janice Meinert 412-434-5637, jmeinert@phlp.org
- PHLP Helpline: 1-800-274-3258; staff@phlp.org
- PHLP Newsletter: www.phlp.org
- www.HealthChoicesPA.com
 - CHC email list-serve
 - Third Thursday Webinars

