

CHC-PROVIDER RELATIONSHIP



COMMUNITY HEALTHCHOICES (CHC) is Pennsylvania's mandatory managed care program for dually eligible individuals and individuals with physical disabilities — serving more people in communities, 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.

FOR YEARS,

Pennsylvania has provided physical and behavioral health care through a managed care delivery model. That did not include long-term services and supports — that is changing. Pennsylvania will be providing services for older adults and persons with physical disabilities through three Community HealthChoices managed care organizations (CHC MCOs). The Department of Human Services (DHS) will have full, ongoing oversight and monitoring. DHS will review and approve processes, policies, manuals, and procedures of each CHC MCO.

QUALITY MONITORING AND OVERSIGHT

- Once CHC begins in a zone, home- and community-based service providers rendering services only through CHC will no longer receive Quality Monitoring and Efficiency Team (QMET) visits.
- MCOs will be responsible for the quality monitoring of their providers.

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MCOs are required to comply with specific quality monitoring guidelines to maintain compliance with their accreditation requirements.

PROVIDER DISPUTE RESOLUTION

- CHC MCOs will handle disputes regarding claims submission and payment reconciliation will now be handled by the MCO.

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All CHC MCOs follow a standard process.

- Information on how to begin the appeals process and details about the process will be included in provider manuals created by the CHC MCO.



PROVIDER ENROLLMENT

- To provide services to CHC participants, providers will need to join the network(s) of CHC MCOs.
 - **AmeriHealth Caritas**
CHCProviders
@amerihealthcaritas.com
 - **PA Health & Wellness**
Information@
PaHealthWellness.com
 - **UPMC for You**
CHCProviders@UPMC.edu
- A provider will still be required to enroll with DHS to be a Medical Assistance provider and receive a Medical Assistance Provider Number.

CLAIMS PAYMENT

- ▶ Providers will bill the MCO in which the CHC participant is enrolled.
- ▶ Providers are required to check the Eligibility Verification System (EVS) to ensure a participant is eligible for services prior to rendering services.
- ▶ EVS will include information on the participant's MCO.
- ▶ The provider will need this information to submit claims to the appropriate MCO.
- ▶ Providers will not be able to submit claims through PROMISE for CHC enrolled participants.
- ▶ Providers will have the opportunity to participate in claims testing through the readiness review process.
- ▶ Medicaid will continue to be the payer of last resort. All other coverage(s) must be exhausted before billing the CHC MCO.
- ▶ More information about EVS can be found on the DHS Provider Quick Tips page:
www.dhs.pa.gov/publications/forproviders/QuickTips/

* *The LIFE Program will continue to be an option for eligible seniors.*