

Provider Topics for MCO's and OLTL

➤ Topics for MCO's

- Safe and Orderly Discharges for NF Residents
- Medical Assistance Eligibility
- Administrative Issues
- Provider Network Standards
- Payment Issues

➤ Topics for the Office of Long Term Living (OLTL)

- Enrollment
- Level of Care Determination

Safe & Orderly Discharges of Nursing Facility Residents



Safe and Orderly Discharges

- Care Transition protocols must be consistent with state and federal requirements.
- NFs responsible for assuring safe & appropriate discharge. How will resolution be obtained when CHC-MCOs want a discharge but resident/family or state entities might not?
- Safeguards must be in place to minimize unnecessary re-hospitalization of NF residents.

Safe and Orderly Discharges

- What is the ongoing role of Ombudsman in the CHC discharge process?
- What is the ongoing role of Nursing Home Transition staff in the CHC discharge process?

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Medical Assistance (MA) Eligibility

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MA Eligibility

- Coordination between the County Assistance Office (CAO), Level of Care (LOC) entity, MCO and provider must occur.
- MA pending—who is at risk – MCO, State or Provider?
- Initial determinations must be processed timely
- Redetermination process needs to be coordinated with families, MCOs and providers.
- Timely appeals
- Eligibility and authorization processes and requirements must be uniform, streamlined, and coordinated

Administrative Issues

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Provider Credentialing

- Credentialing should be consistent across all CHC-MCOs
- Maximize the use of Federal and State Medicare and Medicaid participation requirements, as well as any other provider accreditation requirements to avoid redundancies/duplication

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CHC-MCO Transfers

- Clear and well-defined process for the transfer of consumers between CHC-MCOs
- Safeguards for the continuity of care and payment for out-of-network providers due to transfers
- Consistent process/procedures for transfers across all CHC-MCOs
- Established timeframes for transitions
- Timely notification to providers of changes
- Deadlines for care management staff assignments

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Reporting Requirements

- Avoid duplicative reporting requirements
 - The State, CHC-MCOs, and providers need to work together to limit the redundancy of requirements to report incidents and the incidents/definitions of what is to be reported.
 - Recognition of different reporting requirements for different provider types must be made clear to the CHC-MCOs.

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Provider Network Standards

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Provider Network Standards

- Consistent standards across all CHC-MCOs
- Requirements placed on providers by CHC-MCOs must be consistent with existing state and federal laws and regulations.
- Additional provider requirements and failure to streamline processes will take resources away from care and services.
- Providers must be assured of payments if a consumer chooses an out-of-network provider.

Provider Network Standards

Assisted Living Residences & Personal Care Homes

- The role of assisted living residence and personal care homes in CHC must be defined.
- The impact of the CMS Home and Community-Based Services (HCBS) characteristics and settings final rule on the inclusion of ALR/PCH must be understood and communicated.

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Payment Issues

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Sufficient Rates to Ensure Quality Care

- Rates for all long term services and support providers must be adequate so that participants continue to receive quality care.
- NF Rates must include recognition of all payments that NF providers currently receive including supplemental payments funded by the provider assessment.
- CHC-MCOs must recognize the costs for various types of individuals including those needing short post-acute stays and those needing long stays.

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Timely and Accurate Payment is Critical

- Current FFS requirements serve as the floor
 - Pay 90% of clean claims within 30 days
 - Pay 99% of clean claims within 90 days
- Accuracy of payments is essential to avoid costly appeals

Provider Issues for OLTL

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Provider Issues for OLTL

CHC Participant Enrollment Process

- A flow chart that outlines the steps, timeframes for approval, and entity at risk for the provision of services during each step of the process should be provided.
- Providers must be trained/educated on the enrollment and selection process in order to effectively assist residents and family members.
- Extensive coordination between the Department of Human Services (DHS), the provider and the MCO is imperative.

Provider Issues for OLTL

Level of Care Determination

- Will the Level of Care tool be developed and tested in time for Phase I of CHC?
- Will the new tool be phased-in by region or implemented across the state?
- How will the Department ensure consistent application of the level of care tool across the state?

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Discussion and Questions

- We look forward to working with OLTL and the CHC-MCOs to implement a smooth transition to this new system for Pennsylvania's seniors.
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