

# **Pennsylvania Coalition of Affiliated Healthcare & Living Communities (PACAH) Financial Officers Group**

December 19, 2017

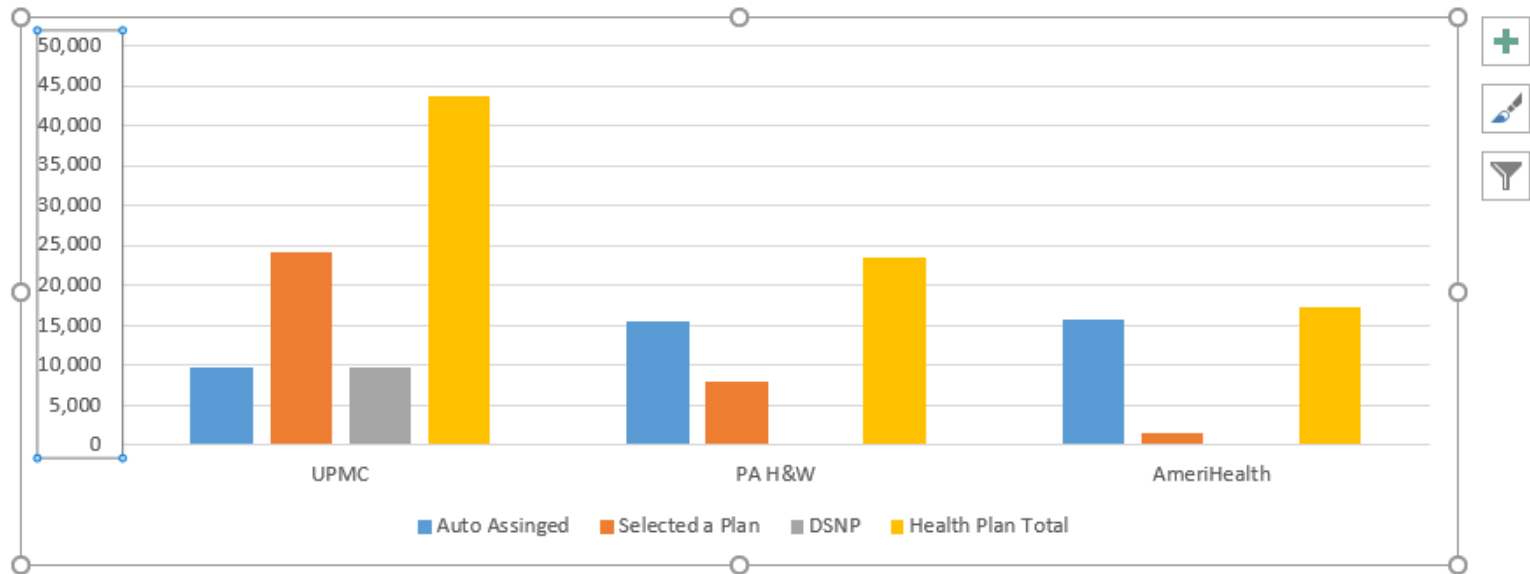
Presented by OLTL

Peggy Morningstar, Chief Financial Officer

Judith Patrick, Policy Manager

- CHC
  - CHC Status
  - IGT Program
  - CHC & NF Claims
- FFS
  - NF Per diem Rates Status – FY 2017-2018
  - NF Assessment Program Status – FY 2017-2018
  - County MDOI Status – FY 2017-2018
  - Nonpublic MDOI Status – FY 2017-2018
  - County Safety Net Payment Status – FY 2017-2018
- Budget FY 2018-2019
- OLTL Staffing Changes

## CHC Plan Choice Information as of 12/10/2017



Health Plan	Auto Assigned	Selected a Plan	DSNP	Health Plan Total	Percentage
UPMC	9,792	24,114	9,733	43,639	52%
PA H&W	15,423	7,969	0	23,392	28%
AmeriHealth	15,680	1,525	0	17,205	20%
		<b>Program Total:</b>		<b>84,236</b>	

## Inter-Governmental Transfer Program:

1. Execution of Agreements – Dec. 31, 2017
2. Notice
3. SPA
4. Instructions – May 2018
5. Counties IGT funds to State – Early June 2018
6. State pays non-CHC federalized portion for 12 month FY17/18 – Mid June 2018
7. State pays CHC counties 6-month federalized portions and MCOs pay the second 6-month federalized portion within negotiated rates per county nursing facility – Mid June 2018

## **When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider**

### **NF Resident Moves from FFS to CHC**

If the resident is determined eligible to receive LTC services,

- The NF will be reimbursed under the department's FFS program for the retroactive period and from the date of application through the date eligibility is determined.
- The CHC-MCO will reimburse the NF beginning the day after eligibility is determined. This is also the day the resident is enrolled in CHC.

## **When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider (continued)**

### **NF Resident moves from HC to CHC**

- The HC-MCO will reimburse the NF up to 30 days as a covered service under physical health and will reimburse the NF for day 31 through the date the eligibility determination is made if the resident is found eligible to receive LTC services.
- The CHC-MCO will reimburse the NF beginning the day after eligibility is determined. This is also the day the resident is enrolled in CHC.
- If the HC participant is found ineligible for LTC services, the participant will remain in HC for physical health.

## **When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider (continued)**

### **CHC Community Participant Needs NF Services**

- The CHC-MCO will reimburse the NF up to 30 days as a covered service under physical health.
- The CHC-MCO will reimburse the NF for services provided beyond 30 days if the CHC participant is found eligible for LTC care services.
- If the CHC participant is found ineligible for LTC services, the CHC-MCO is not responsible to pay for services that a participant is not eligible to receive.

## **When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider (continued)**

### **CHC Participant Receiving Hospice Care in a NF**

- The CHC-MCO will reimburse the NF for room and board if the CHC participant is found eligible for LTC services and
- The CHC participant is receiving the routine home care day hospice benefit or the continuous home care day hospice benefit through Medicare or MA.
- The hospice benefit paid to the hospice provider covers a stay in an inpatient facility for two other types of hospice days, inpatient respite care and general inpatient care and the hospice provider should reimburse the NF.



## **When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider (continued)**

### **Electronic Verification System (EVS)**

- EVS is a real-time, online recipient eligibility verification system. EVS accurately provides the most current eligibility status information for MA recipients 24 hours a day, seven days a week.
- The information provided by EVS notifies providers of the recipient's eligibility, allowing providers to make informed decisions regarding the billing for services to be rendered.

## When Nursing Facilities Should Bill a CHC-MCO, a HC-MCO, the FFS Program, or a Hospice Provider (continued)

### Electronic Verification System (EVS)

A few of the items available on EVS are:

- Recipient eligibility
- Third party resources
- Recipient inpatient patient pay/gross patient pay amount
- MCO enrollment and enrollment dates

Training is available on the PA PROMISE™ website located at [https://promise.dpw.state.pa.us/promisehelp/PortalDesign\\_WIP/PortalDesign\\_WIP.htm](https://promise.dpw.state.pa.us/promisehelp/PortalDesign_WIP/PortalDesign_WIP.htm). The training includes how to verify eligibility via EVS.

## FY 2017-2018

- CMS approval of the BAF SPA - September 15, 2017
- Publication of final rate notice - December 23, 2017
- Publication of the Peer group (PG), PG medians and PG price notice - December 23, 2017
- NF rate letters will be mailed on December 29, 2017
- Rate adjustments will be processed after January 2018

## **FY 2017-2018**

- Publication of final notice - December 16, 2017
- The Important Dates Chart was announced via the nursing facilities ListServ on December 8, 2017

## FY 2017-2018

### Important Date Chart December deadlines include:

- December 26, 2017 - Deadline for submission of Resident Day Report for nursing facility assessment – assessment quarters 1 and 2.
- December 26, 2017 – Deadline for submission of assessment payment plan request application
- February 12, 2018 – RA date for supplemental payments

### Penalties and Interest

- Late submission of days - \$1,000 plus \$200 per day
- Late payment - interest

## FY 2017-2018

- Notice published on June 17, 2017
- CMS approved SPA on November 17, 2017

Reminder - A NF will not qualify for a quarterly payment if they are located in a geographic zone where CHC operates.

NFs in CHC's SW region:

- Qtr 1 & Qtr 2 – Payment via FFS/PROMISe
- Qtr 3 & Qtr 4 – No payment via FFS/PROMISe – App. 4 Payment via MCOs

- For FY 2017-2018, there is a change in methodology for nonpublic MDOI payments. Each nursing facility may qualify for a maximum of two MDOI payments
- Estimated publication date of notice - January 13, 2018
- SPA is with executive staff for review

## FY 2017-2018

- County safety net payments are funded by InterGovernmental Transfers (IGTs)
- All county nursing facilities are participating
- Public notice – estimated publication is January 6, 2018
- SPA - with executive staff for review



## Civil Money Penalty (CMP) Grants

- A nursing facility ListServ email was sent out on October 10, 2017, announcing that the department will be awarding CMP grants in FY 2017-2018
- The timeframe for submitting applications was to begin October 15, 2017 through November 15, 2017. However, there were unexpected delays in the release of the application and instructions so nursing facilities were unable to submit applications during that time period
- The department still plans to offer CMP grants in FY 2017-2018 and will announce the new timeframe for submitting applications via the nursing facility ListServ after the application and instructions are available for release. The announcement is expected in January 2018.

- The Governor's Executive Budget for FY2018-19 will be proposed February or March 2018
- This is an action item to review the proposal after publication

- Jen Burnett's last day was December 15, 2017
- Kevin Hancock is the Acting Deputy Secretary effective December 18, 2017
- Jill Vovakes is the Acting Chief of Staff effective December 18, 2017

