



Pennsylvania Coalition of
Affiliated Healthcare & Living Communities
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Finding Our Way: Initial Dos and Don'ts of Community Health Choices Contracting

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DHS Messages

- DHS indicated that they are on target for roll out beginning January 2018
- Priorities are:
 - No interruption in participant services
 - No interruption in provider payment

DHS Messages

- 20 events in the SW for CHC
- Provider Education Summit on the SW July 24-26
- If you want to be involved, contact the chosen MCOs

www.dhs.pa.gov/citizens/communityhealthchoices/

Before The Contract

- Develop relationships
- Do:
 - Reach out to the MCOs
 - Find the right internal representative
 - Arm the negotiator with all the necessary information
- Don't:
 - Be an ostrich

Before The Contract

- Do:
 - Be prepared
 - ▶ Know your market
 - ▶ Understand the provider network
 - ▶ Document costs
 - ▶ Demonstrate your value
- Don't:
 - Passively wait to be told what the MCO wants

Before The Contract

- Do:
 - Pick Your Battles
 - ▶ What are your most important issues?
 - ▶ What are your deal breakers?
- Don't:
 - Bring a 20 issue laundry list

Down To Business

- Do:
 - Read incorporated materials carefully
 - ▶ Look for “incorporated by reference,” “you will be required to comply with”
 - ▶ Beware of references to other documents outside of the contract (or online) that may change without notice
- Don't:
 - Fail to read reference material

Down to Business

- Do:
 - Familiarize yourself with the Provider Manual/Handbook
 - Identify how it is changed by the MCO
 - Consider whether you will have any input or the ability to object
- Don't:
 - Fail to review the Provider Manual

Down To Business

Understanding Critical Terms

- Do:
 - Read the Definitions section
 - Realize that how terms are defined affects the entire agreement
 - Raise concerns about inaccurate terms
- Don't:
 - Assume the MCO has all of the terms correct. They may be new to PA or to long term care

Key Terms

Quality

- Quality is critical as more MA beneficiaries move to managed care
- CMS reported that MA managed care has doubled from 2006-2015
- DHS is requiring the MCOs to achieve goals for access, quality and cost
- PA has flexibility and passes that flexibility to the MCOs
- MCOs pass these developing program requirements to the provider

Key Terms

Quality

- Do:
 - Be nimble – the programs are changing
 - Consider the client benefits for the long term care high-risk populations
- Don't:
 - Forget to assess your systems and data collection

Key Terms

Quality

- Do:
 - Plan for the components of a quality management program which includes:
 - ▶ Member feedback
 - ▶ Mechanism to track receipt of services and reporting critical incidents
 - ▶ Risk assessment and mitigation
 - ▶ Performance measurement and reporting
 - ▶ Quality assurance and improvement

Key Terms

Quality

- Do:
 - Be sure your EHR system is ready
 - Assess whether you are tracking and measuring outcomes, cost, quality, and resident satisfaction
 - Partner effectively with other providers
- Don't:
 - Expect status quo

Regulatory Compliance

- Do understand your regulatory responsibilities:
 - Expect regulatory language related to:
 - ▶ Exclusions
 - ▶ Privacy and confidentiality
 - ▶ Stark and Anti-kickback
- Don't:
 - Agree to contractual terms that:
 - ▶ Are more strident than the actual regulation or other requirement
 - ▶ Are not your responsibility
 - ▶ Require you to agree to something you can't control

Procedures

- Do:
 - Review your admissions and discharge procedures
 - Compare this to what is required under the MCO proposed contract
 - Identify the roles of you, the MCO, the supports coordinator . . .
- Don't:
 - Wait until you are admitting or discharging a resident to discuss

Procedures

Documentation

- Do:
 - Check what is required
 - Ask where the templates/forms are
 - Do think about how this documentation fits into your current business processes
- Don't:
 - Expect uniformity across payors

Procedures

Billing

- Do:
 - Identify how things will change
 - Question whether there are checks and balances
 - Understand how you will address any disputes
- Don't wait for a problem to understand the process

Procedures

Payment

- Do:
 - Clarify important timing issues
 - Assure that you are working from the same definitions (e.g. clean claims, prior authorizations)
 - Assess the co-insurance, patient pays and deductibles processes, if any
 - Assess resident impact

Procedures

Service Coordination

- Do:
 - Identify who you are working with
 - Understand how service coordination is addressed in the contract
 - Facilitate a good working relationship with the service agency coordinator

General Contract Requirements

- Know who the parties are
- Have a clear understanding of scope and expectations
- Be sure you review all attachments, addenda, riders, exhibits that are referred to in the contract, including any reference to a proposal

General Contract Requirements

- Review:
 - Indemnity
 - Force Majeure
 - Governing Law
 - Modification
 - Notice
 - Severability
 - Dispute Resolution
 - Termination

General Contract Requirements

- Review:
 - Exclusivity provisions
 - Non-compete provisions
 - Assignment clauses
 - Non-solicitation provisions
 - Termination provisions that state the events that could trigger the end of the contract?
 - What your indemnification obligation is
 - What the insurance requirements are

QUESTIONS?

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