

Transition Assistance with the the PA HealthChoices Program

PA Community on Transition Conference
Penn Stater Conference Center, August 9, 2017

Katrina Becker, Eric Ulsh
PA Office of Medical Assistance Programs

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Medical Assistance - HealthChoices

The Office of Medical Assistance Programs administers the joint state/federal Medical Assistance (also known as Medicaid) program that purchases health care for over 2.8 million Pennsylvania residents.

Local [County Assistance Offices](#) determine eligibility for Medical Assistance. Individuals who are eligible for Medicaid will be asked to enroll in a managed care plan.

Medical Assistance purchases services through contracts with managed-care organizations and under an indemnity, or traditional, fee-for-service system.

Medicaid that is delivered via managed care organizations is called the HealthChoices Program (HC).

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Applying for Benefits

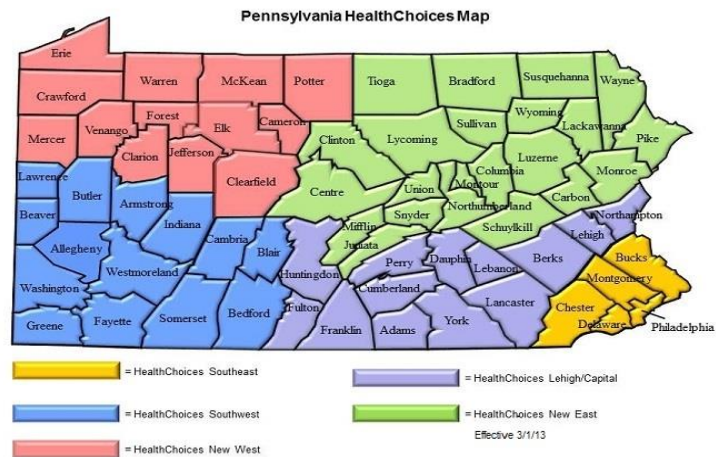
- **Online** - using the [COMPASS](https://www.compass.state.pa.us/Compass.Web/public/cmphome) website
<https://www.compass.state.pa.us/Compass.Web/public/cmphome>
- **Paper Application** - Download the paper application and mail it to your local county assistance office
- **In Person** - Visit your local [county assistance office](#) and apply in person

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HealthChoices Managed Care



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HealthChoices PH-MCO by zone

SE zone

Aetna Better Health
Health Partners Plans
Keystone First
UnitedHealthCare Community Plan

NW Zone

AmeriHealth Caritas PA
Gateway Health Plan
UPMC for You, Inc.
Aetna

Lehigh/Capital Zone

Aetna Better Health
AmeriHealth Caritas PA
Gateway Health Plan
UnitedHealthCare Community Plan
UPMC for You, Inc. *
*(University of Pittsburgh Medical Center)

NE Zone

AmeriHealth Caritas North East
Geisinger Health Plan Family
Aetna Better Health

SW Zone

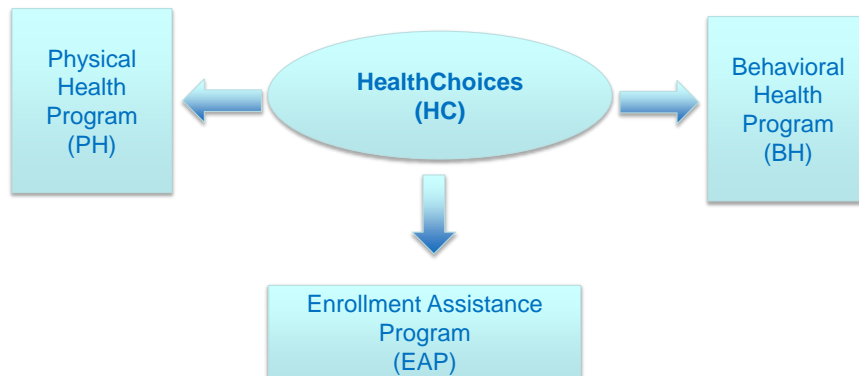
Gateway Health Plan
UnitedHealthCare Community Plan
UPMC for You, Inc.
Aetna Better Health

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Main Components



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HealthChoices – Physical Health

- Choice of Physical Health Plans
- Choice of Primary Care Physician/Practitioner (PCP)
- At a minimum, MCO's must provide in the amount, duration, and scope set forth in the MA Fee-for-Service (FFS) Program

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Member Services – MCO

- Member Services Department
- Member handbook includes information on:
 - Services
 - Special Needs Units
 - Transportation
 - Complaints/Grievances/Appeals
- Member hotline (24/7)
- Member education and outreach
- Coordination of care

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HealthChoices Program Design

Inclusion of persons with special needs

Help to Overcome Obstacles

Provide Assistance with Navigating MCOs

Special Needs Component Created

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DEFINITION OF A SPECIAL NEED

Non-categorical. Anyone who thinks they have a special need can be referred to the special needs unit

Short term

Long term

Intellectual Disability

Pregnant Woman

HIV/AIDS

Brain Injury

Social Issues

Behavioral Health

Special Need does not necessarily need to be directly related to physical or mental health needs. Any member can self identify as having a special need.

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HealthChoices Program Design

Special Needs Units were established in these areas:

- The Department of Human Services Bureau of Managed Care Operations (DHS – BMCO)
- Enrollment Assistance Program (EAP) for enrollment & changes in HC Member's Managed Care Organization (MCO)
- Special Needs Unit within each Physical Health MCO (PH-MCO)

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DHS' Special Needs Unit

- Oversight and Coordination with the MCO Special Needs Unit
- Management and facilitation of the EPSDT Age Out Process and Complex Care Process
- SN Staff are each assigned as the direct contact between the Department and the PH-MCO's Special Needs Unit Coordinator

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Working together to serve HealthChoices Members

DHS Special Needs Staff

Jeffrey Brannon	Keystone First & Health Partners Plans
Maxine Bachman	UnitedHealthcare Community Plan
Julie Escobar	Aetna Better Health & Geisinger Health Plan Family
Barbara Florence	AmeriHealth Caritas PA & AmeriHealth Caritas NE,
Jeanne Funk	UPMC for You, Inc. & Gateway Health

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PA Enrollment Program

PA Enrollment Services (Maximus)

1-800-440-3989

Website:

www.enrollnow.net

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MCO Special Needs Units

- Each physical health managed care organization has a Special Needs Unit (SNU), stand alone or contained within their Integrated Care Management Unit
- Designated Special Needs Unit Coordinators
- Experienced Special Needs Unit Staff
- Dedicated Special Needs Hotline Numbers

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SPECIAL NEED UNITS

ASSIST MEMBERS

Navigate the Physical Health Managed Care Organization (PH-MCO)

Access Timely & Effective Services

Care Coordination

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MCO Special Needs Units

Assisting members in accessing care & services

Selection of a Primary Care Practitioner (PCP)

Identifying non-MA Resources

Complaint and Grievance procedure

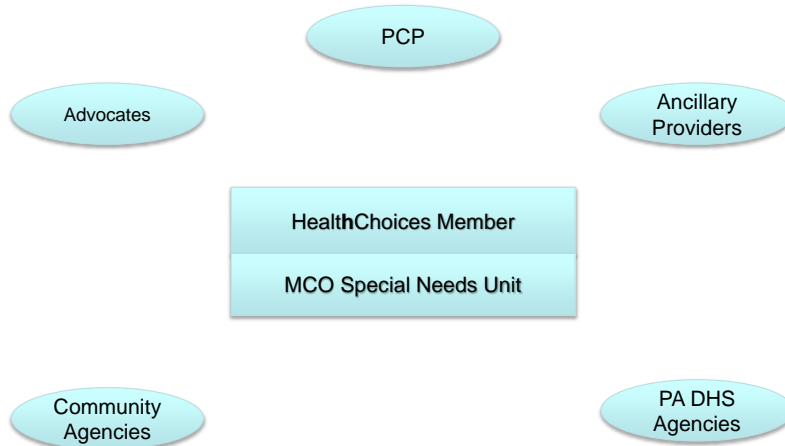
Transition to Home and Community based Waiver services

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Special Needs – Member Centric



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EXAMPLES OF SNU ACTIVITIES

- Home Visits
- 3-Way calls with PCP
- Specialist as PCP Requests
- Coordinate with ancillary providers
- Individual Case "Interagency" Meetings including IEP development participation
- Assist with obtaining referrals – medical, legal, other

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Examples of MCO Special Needs Coordination

- Behavioral Health MCOs
- Community Based Agencies
- Other Physical Health MCOs & their Special Needs Units
- Public Health Departments
- Medical Assistance Transportation Program
- PA Government Agencies
- Home and Community Based Services Waivers
- Other state, county and local agencies
- Waiver Providers
- Community Resources
- DHS Special Needs Staff

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Coordination within the MCO

- Member Services
- Provider Relations
- Pharmacy Services
- Disease Management
- Utilization Management/Quality Management

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MCOs' Special Needs Units Phone #s

Aetna Better Health	1-855-346-9828
AmeriHealth Caritas PA	1-800-684-5503
AmeriHealth Caritas Northeast	1-888-498-0766
Geisinger Health Plan Family	1-855-214-8100
Gateway Health	1-800-392-1147
Health Partners Plans	1-866-500-4571
Keystone First Health Plan	1-800-573-4100
UnitedHealth Care Community Plan	1-877-844-8844
UPMC for You, Inc.	1-866-463-1462

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Special Needs Units Make a Difference

ONE PERSON AT A TIME

Each individual's coordination needs and challenges are unique and they deserve the individualized attention necessary in order for those needs to be met.

This is the role of our Special Needs Units

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Components of Medicaid related to transition

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Home Shift Care services are only covered under EPSDT. Members "age out" of these services at age 21 and must be transitioned to Home and community based waivers at that time.

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Resource Facilitation Team

- The RFT consists of representatives from the Office of Medical Assistance (OMAP), the Office of Development Programs (ODP), the Office of Long Term Living (OLTL), and the Bureau of Fee for Service Programs (BFFSP).
- The RFT meets on a monthly basis to discuss members who are concern cases and those approaching "Age Out" in order to ensure they transition to an appropriate waiver upon their 21st birthday.
- The process continues to be a coordinated effort involving the RFT members in addition to the MCO's, Services Coordinators, providers and other community partners as appropriate until and sometimes beyond the members 21st birthday.

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Home and Community Based Waivers

Waivers Administered by the Office of Developmental Programs (ODP) for recipients with a diagnosis of Intellectual Disabilities:

Consolidated Waiver

Person/Family Directed Support Waiver

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Home and Community Based Waivers

Waivers administered by the Office of Developmental Programs, Bureau of Autism Services for recipients with a diagnosis of Autism or Autism Spectrum Disorder are

- Autism Waiver
- Adult Community Autism Program (ACAP)
- Further information, 1-866-539-7689

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Home and Community Based Waivers

Waivers Administered by the Office of Long Term Living (OLTL)
for recipients with Physical Disabilities

- OBRA Waiver
- Independence Waiver
- COMMCARE Waiver
- Attendant Care Waiver

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Information on PA Waivers available at:

www.dhs.pa.gov

(citizens/health care medical assistance /support service waivers)

Office Of Developmental Programs
Customer Service line: 1-888-565-9435

Office of Long Term Living
Customer Service Line: 1-800-757-5042

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HealthChoices Program

Transition Process

HealthChoices Managed Care Special Needs Units
 Identify Age Out member by age 18



Basic Member Information Provided to DHS



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Transition Process

Member information analyzed for appropriate Waiver. The case is referred to Resource Facilitation Team (RFT) and appropriate Program Office



Discussion at RFT Meeting, Waiver/Program Office Designated



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Transition Process

Member identified to local Waiver Program Staff (County ID Office or Waiver Contractor) for budgeting and preparation for waiver participation at age 21



Member status monitored by MCO case management staff and the Waiver transition monitored by the RFT until successful waiver transition at age 21

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Other Transitions in HealthChoices

Members turning age 18
&
Transitioning from a Pediatric Primary Care Provider
to an Adult Provider

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Transition assistance for Medically Fragile Members

Special Needs Pediatric to Adult Care, Transition Process

Identify consumers age 18-21 who are medically fragile

Assist the consumers in transitioning from pediatric to adult providers

Active case management until transition accomplished

Report bi-annually to Department of Human Services

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Bureau of Managed Care Operations

Contact Us:

Division of Quality &
Special Needs Coordination

Bureau of Managed Care Operations
717-772-6300

Katrina Becker
(717)772-6843
kbecker@pa.gov

Eric Ulsh
(717)772-6212
eulsh@pa.gov

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QUESTIONS?

Thank you for the opportunity to share our presentation with
you today.

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