

Utilization Management/Community HealthChoices Provider Education

September 27, 2023

Presented by: Jefferson Health Plans Utilization Management

What is Community HealthChoices?

Community HealthChoices (CHC) is Pennsylvania's managed care program for dually eligible individuals (Medicaid and Medicare), individuals with physical disabilities, and members with long-term care needs.

Pennsylvania's Medicaid Programs

Pennsylvania has two Medicaid programs:

1. **HealthChoices** is the Medicaid coverage for individuals who are not dual eligible or who do not meet LTSS level of care. Health Partners (Medicaid) is a HealthChoices plan.
2. **CHC** is mandatory managed care for dual-eligible individuals (Medicare and Medicaid) or those who meet LTSS level of care. The DSNP member must present 2 separate ID cards. There are three plans selected by the Commonwealth of Pennsylvania to administer Community HealthChoices.

PA Health &
Wellness
(Centene)

AmeriHealth
Caritas
(Keystone)

UPMC

CHC is for individuals age 21 or older who meet the following criteria:

- Have both Medicare and Medicaid, or
- Meet Medicaid LTSS (waiver) level of care because they meet nursing facility level of care.
- Medicare Special (DSNP) must select providers who participate in both Medicare and Medicaid for the CHC Medical assistance plan to be covered.
- Medicare Special (DSNP): Jefferson Health Plans Medicare is the primary payer and CHC (Medicaid) is secondary.

Long-Term Care

If a provider sees the need for a member to move to Long-Term Care (LTC), **the facility** is expected to complete all application required forms and to submit those forms to the Commonwealth.

Jefferson Health Plans' Process

- Jefferson Health Plans will cover all skilled days that meet medical necessity via InterQual or Medical Director review.
- Once the member is approved at a custodial level of care, you will be given 30 days up front.
- On day 31 of custodial level of care, the case will be put into CHC pended status until a determination on LTC eligibility is made.
- Once determination is made, the authorization will be updated with a last cover day which is through the day before the CHC effective date or CHC eligibility.
- Jefferson Health Plans requires confirmation that the application was submitted to the Commonwealth.
- Jefferson Health Plans follows the guidelines for CHC listed in Exhibit BB found in the HealthChoices contract.

Bed Hold Requirements

- An authorization is required for payment each time a bed hold is needed and should be requested within 48hrs of member being transferred to the hospital.
- Bed holds are a 15 day benefit.
- If the Bed hold is not requested by the skilled facility, the MCO is not obligated to automatically cover this during the stay.
- Medicare does not have a bed hold benefit.



Jefferson Health Plans

Provider Helpline

1-888-991-9023

(TTY 1-877-454-8477)

(Monday-Friday, 9 a.m.-5:30 p.m.)

Member Relations

1-800-553-0784 (Medicaid)

1-866-901-8000 (Medicare)

Questions

Please use the Q&A panel for all questions.



Thank you for joining us today!



JeffersonHealthPlans.com